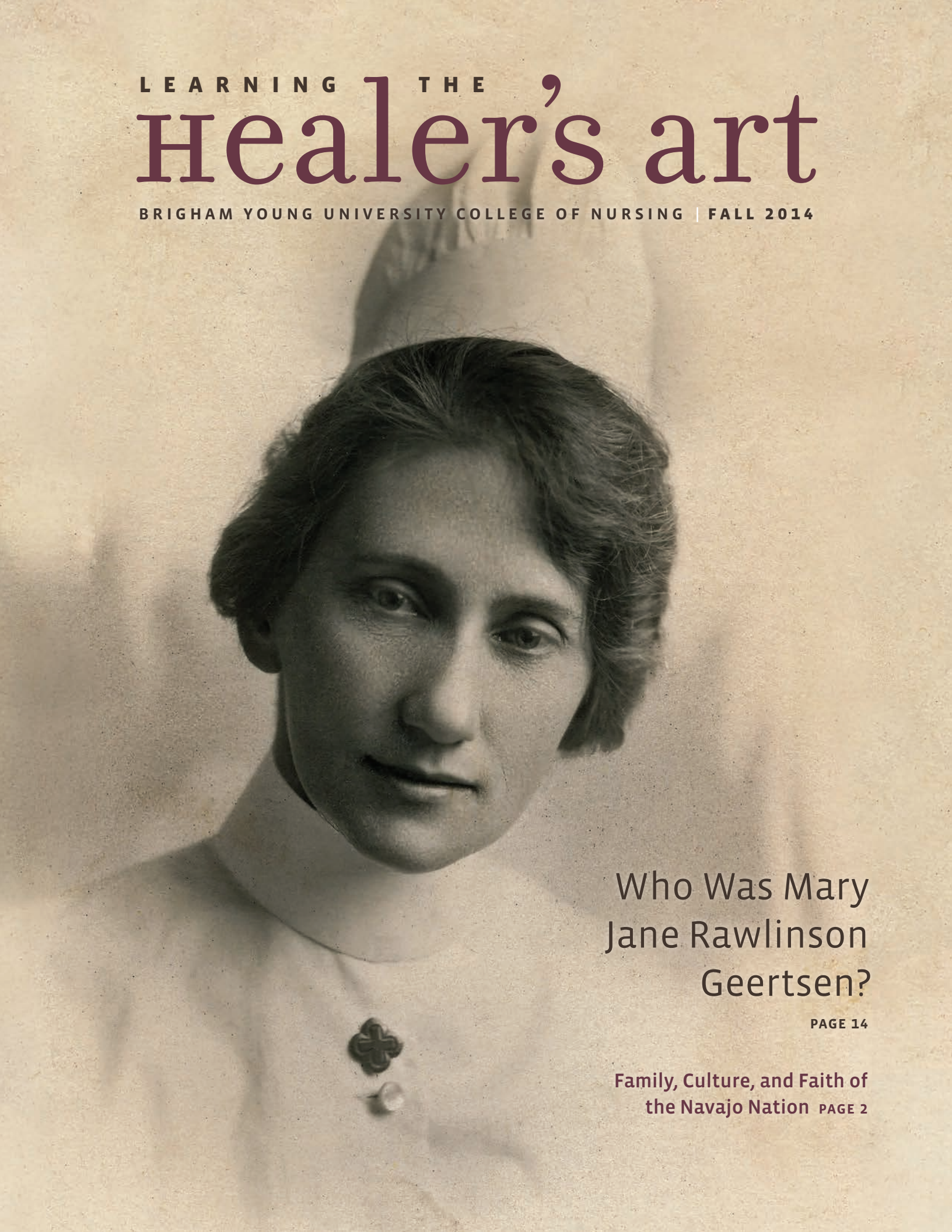
LEARNING THE

Healer's art

BRIGHAM YOUNG UNIVERSITY COLLEGE OF NURSING | FALL 2014



Who Was Mary Jane Rawlinson Geertsen?

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Family, Culture, and Faith of the Navajo Nation PAGE 2

The Art of Problem Solving

I am now through with my second year as dean of the BYU College of Nursing and realize that the learning curve for my position never ends. The cycle of new challenges and growth opportunities continues to develop as we work through an accelerated remodeling project, hire new faculty, and adjust to the age-change requirement for LDS missionaries.



In this publication, we highlight different ways students are taught to experience empathy. While not easily shared, empathy can be modeled.

After two years of planning and a summer of fast-paced construction, our expansion of the Nursing Learning Center (the first floor of the Spencer W. Kimball Tower) is complete. Donations from the Fritz B. Burns Foundation allowed us to enhance our simulation lab and make it a beautiful, state-of-the-art facility that allows students to learn and practice in a simulated environment while re-creating the feel of actual healthcare settings. This project began the first day of spring term and finished in August. We will offer tours of the new Mary Jane Rawlinson Geertsen Nursing Learning Center **during Homecoming Week in October**; please review dates and times at nursing.byu.edu or on the college's Facebook page (Facebook.com/BYUNursing). You may schedule additional times based on availability by emailing nursingpr@byu.edu.

Another area keeping me busy is finding and recruiting quality faculty for the college. With the economic downturn a few years ago, the university restricted the filling of spots left by retirements and departures. Since the lift on hiring, we have worked hard to fill open faculty positions. In this publication, we introduce you to three new faculty members and also say goodbye to one professor retiring after 35 years of service!

My last matter affects the entire university. It was almost two years ago that the reduction in age for missionary service occurred and the wave of younger missionaries started. During this time many students deferred acceptance into the undergraduate program and answered the call to serve. Due to the limited number of nursing students we can accept each semester because of faculty and clinical-setting limitations, we have extensively tracked both when individuals will come back and the number of new people we can bring into the program. It is somewhat of a balancing act to bring the top new students into the college while awaiting those students who will return. For example this fall we accepted 48 new students instead of our usual 64 because several deferred students are returning and we need spots for them.

Despite these variables that add new demands to our program, the college and its faculty are producing some amazing results. In this publication, we highlight different ways students are taught to experience empathy. While not easily shared, empathy can be modeled. Whether they take place in a hogan or involve the loss of a baby, several of the stories in this publication focus on the ability of faculty and students to truly understand and relate to their patients. For example we learn from Cheryl Corbett and Debra Mills the ways their contributions to the discipline are making an impact on others—by teaching about maternity issues in India and by implementing peer-led patient care rounds in clinical settings.

There are numerous individuals both on and off campus who contribute to our program's success, and I count you among those we appreciate and value. I welcome your feedback and encourage you to share career, family, and academic achievements with us (by emailing nursingpr@byu.edu).

Mostly, thank you for supporting me in my exciting role as your dean.



Patricia Ravert
Dean and Professor, BYU College of Nursing

JEFF PEERY (2)

BARRY THORNBURG

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Mary Jane Rawlinson Geertsen, a nursing leader in Utah in the early 1900s and the namesake of the renovated simulation lab. Photograph courtesy of the Ken Cox family.

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LESSONS IN HEALING
FROM THE NAVAJO NATION

PATTERNS OF FAMILY, CULTURE, AND FAITH

BY JEFF L. PEERY



DNY59/ISTOCK

Skilled Navajo women take strands of self-spun wool to create something of beauty and tradition. Combining warp and weft threads, they form unique patterns that depict family, culture, and faith. BYU College of Nursing students encounter these themes during their clinical experience in the Navajo Nation.

For the annual trip that is a part of their clinical practicum for Public and Global Health Nursing, eight students and two college faculty members spent two weeks in May learning from the Native American population around Chinle, Arizona. Their involvement includes nursing shifts at the local hospital, Chinle Comprehensive Health Care Facility (CCHCF); spending time with community health representatives (CHRs) in home visits; and participating in local events sponsored by public health nurses. Students also worked with providers at the Indian Health Services (IHS) community mental health clinic.

"Students gain an understanding of how conventional tribal beliefs can intertwine with Western medicine," says assistant teaching professor Dr. Linda Mabey, DNP, APRN. "They care for and work with individuals from different religious or cultural backgrounds that make their session in Chinle truly unique."

FAMILY

The people of the Navajo Nation are strong, enduring, and family centered. Children take care of their aging parents, and grandparents help out with the youth as their health allows. Family (not money or material things) is their true source of wealth.

As with other communities in the United States, the reservation has common healthcare issues that require nurses to assist with treatment and education. IHS—the U.S. Department of Health and Human Services agency that provides healthcare to Native American and Alaskan Native peoples—is addressing several concerns, including juvenile diabetes, childhood immunizations and obesity, and adult heart disease.

To learn firsthand the scope of healthcare needs in rural areas of the reservation, students spent several days this summer traveling with CHRs trained to assess home-health concerns and report when individuals lack resources—especially the elderly and those with special needs.

Judy Tsosie, a Navajo Nation CHR, travels more than 1,000 miles each month visiting five to six assigned patients each day. Because she may see each patient only once or twice a month, she tries not to get too attached to these families, but she inevitably develops a close relationship with them the more she tries to understand their medical needs.

"I find myself, with my husband, visiting these people on the weekend," says Tsosie. "I am a volunteer then and want to help with small tasks like stacking firewood or helping with basic housework. Mostly I just sit and listen to them and understand what they want to share with me."

Her travels are not easy, as most tribal roads are not paved and require the use of a four-wheel-drive vehicle. She has had to change a flat tire and has become stuck in the sand on the way to visits. Tsosie knows she must rectify the situation herself because there is no one in the agency to call for assistance.

She records every visit in a paper journal and completes a digital report when she returns to the office. The system keeps a record of the patient's vitals and any concerns—both for IHS statistics as well as for individual healthcare files.

It is common for Navajos to trust Tsosie, a native. Some visits are with individuals who speak only the Navajo language, and a few patients do not read English or Navajo. (The younger people tend to speak only English, and the middle-aged speak both.)

On one day of visits, Tsosie and two BYU nursing students stopped to meet Wallace, an elderly man who receives biweekly visits from CHRs to restock his pillbox. Though he spoke only Navajo, he welcomed the visit and reviewed his health conditions with them. Confined to a wheelchair, he lives in a traditional one-room hogan without the support of family or neighbors. A few days prior to the visit, Wallace had fallen out of his chair while feeding his dog outside. Fortunately, a Meals on Wheels worker making a routine visit assisted him back into his home.

Another visit was to Mabel, a petite, elderly woman who finds ample support from relatives who live next door. When asked if she had taken her medication that day, she stated, "Of course! I know you or my family will come by and ask, so I always do!"

The last stop that day was with Frieda, a double amputee dealing with diabetes and frequent dialysis sessions who receives assistance from live-in family. Despite her difficulties she is extremely positive. "Never go down in thought—always go up," says Frieda. "Thinking helps me with the things I experience." She received her master's degree in education and taught school nearby for many years until her vehicle hit a horse, which came through the windshield and damaged her internal organs, leading to her diabetes, kidney failure, and need for dialysis.



Nursing students Lindsay Hanks (left) and Eden Braden visit with Wallace outside his hogan he built in Many Farms, Arizona. Understanding Native American culture is a key component to the clinical experience in this Public and Global Health Nursing course.

JEFF PEERY (3)

"STUDENTS FROM BRIGHAM YOUNG UNIVERSITY ARE GENTLE AND KIND WITH A FOCUS ON SPIRITUALITY. IT IS REFRESHING TO HAVE THEM JOIN US IN OUR PROGRAM EACH YEAR."

—ELIZABETH ELLIS



Student nurses Dana Ramsay (left) and Joanna Rasband completed several shifts in the local hospital, including time in the emergency department.

Riding a horse again is at the top of Frieda's list of goals, along with overcoming diabetes and living another 35 years. Her advice is to plan and to become what you want. "Keep your eyes on the book and your nose on the page," she says. "Do not be distracted by things that may hold you back."

CULTURE

During their time in Chinle, students also received mentoring from public health nurses (PHN), who perform essential work for the IHS, including helping families stay up-to-date on immunization records, making visits with CHRs to care for individuals in the community, and producing several monthly health-promotion events.

Being taught how to eat better, get more exercise, and seek preventive care is becoming more accepted in society as a means for individuals to structure their way of life. "One area we spend considerable time in is staffing health-promotion events," says Elizabeth Ellis, IHS PHN. "Things like car seat clinics, senior center vital checks, nutrition bingo nights, foot care examinations, and Just Move It diabetes and healthy heart gatherings can encourage parents and children to get involved in their personal healthcare."

Of the college students shadowing her PHNs, Ellis says, "Students from Brigham Young University are gentle and kind with a focus on spirituality. It is refreshing to have them join us in our program each year."

Nursing students not only lead by example, they also pursue opportunities to learn from the local people. One evening after clinicals the students hiked within the Canyon de Chelly National Monument to the White House Ruins, which is in a canyon considered holy and is still inhabited by several Navajo families. At the bottom of this trail, they met Quetta Brown, a Navajo artisan woman in her mid-30s who sells handmade jewelry and pottery. While the necklaces were impressive and beautiful, it was her vases and decorative pots that caught the attention of the students. Quetta also took an interest in the students and



Quetta Brown, a local native artisan, displays her pottery skills to nursing students during their hike to the White House Ruins in the Canyon de Chelly National Monument in May.

"OUR STUDENTS HAVE LEARNED THAT WESTERN MEDICINE IS NOT THE ONLY SOLUTION."

—BLAINE WINTERS

The Navajo Nation supports 300,000 people and covers more than 27,000 square miles in Arizona, New Mexico, and Utah.



JEFF PEERY

wanted to share her skills with those who respect it.

She took the students to her studio—an old truck that protects her from the wind. Once inside the cab she accessed a handheld potter's wheel and a variety of tools, paintbrushes, and dyes, which allow her to make small pots and lidded boxes in the canyon. Between customers at her small vendor table, Quetta uses various paints to stain the containers and applies engraving tools to detail the clay prior to firing it in a kiln for 12 hours.

Quetta's mother taught her this trade when she was 10 years old and shared the meaning behind the symbols used on the materials depicting the Tséyi' (Navajo for "the place deep in the rock," referring to the sacred canyon)—images showing friendship, family, religious leaders, and weather symbols.

"She made [sculpting] seem so light and delicate," says Lindsay Hanks, a senior from Clarkston, Washington. "Quetta's skill allows her to share her background and the values of her tribe with others. It is like sharing your family history visually."

On another evening hike, students met up with Rudy Begay—a curriculum resource facilitator for the Chinle Unified School District No. 24 and a member of The Church of Jesus Christ of Latter-day Saints. He taught that plants are essential to the Diné—the preferred name for the Navajo people (pronounced "dih-NEH," meaning "the people")—in a variety of ways: for food, tools, weapons, and medicine [see sidebar on p. 7].

"Our students have learned that Western medicine is not the only solution," says assistant teaching professor Dr. Blaine Winters, DNP, ACNP-BC. "I believe they have [discovered] the importance of understanding the traditional cultural and religious healing practices of the patients in their care."

FAITH

A significant part of healthcare in the Navajo Nation deals with native, traditional healing. Western medicine is a more recent development on the reservation, and while the indigenous people know its worth, they blend traditional medicine into their care. The IHS has incorporated this practice into the free healthcare services provided to all natives. During their time in Arizona, BYU nursing students received instruction from a native healer to gain perspective on this type of treatment, including how local people access the hospital's native healing services and variations in available ceremonies.

There are three types of practitioners of traditional Navajo spiritual healing: herbalists, shamans, and medicine men. Herbalists deal with medicinal plants typically used for symptomatic relief, providing access to potions and herbs. Shamans diagnose illnesses by employing various techniques, such as hand trembling and crystal gazing, and refer patients to a medicine man, who sings and curates symbolic healing ceremonies. The medicine man plays a key role, performing healing, blessing, and protection prayers as well as childbirth and coming-of-age ceremonies (like Kinaaldá, which celebrates a young girl's transformation into womanhood at puberty).

"Almost all the time the illness is a result of something that happened in the individual's past," says Linda Ross, native healer at CCHCF. "For instance, the 35-year-old patient looked at a snake when he was 14 and now has some sort of mental illness." Once the patient receives a diagnosis, specific ceremonies take place depending on the finding.

Two of the nursing students observed a healing ceremony in Ross's office. A granddaughter brought her 103-year-old grandmother in a wheelchair to consider if it was time for the elderly woman to leave this world. While the analysis mainly occurred in the Navajo language, it was peaceful and simple.

After a few moments of contemplation and prayer-like remarks, Ross "removed something" from the grandmother's past and said it was not her time to die. She could see the presence of the grandmother's mother standing nearby to protect her and knew she still had longer to live. The granddaughter then asked for a blessing prayer for the grandmother's continued peace.

"Those that come to the native healers have trust in the process," says Krystle Jensen, a senior from Draper, Utah, who observed the treatment. "Their desire to become whole is a great attribute to tribal beliefs; this is the outcome all nurses want for their patients."

Other types of healing rituals can occur in a blessed hogan, a native healing room, or a sweat lodge (usually a dome-covered pit heated internally to about 102 degrees, causing participants to sweat as they give thanks, heal, or mourn).

The purpose of this clinical experience is to help students achieve direct exposure to and understanding of the Healer's art in a way not available in a classroom or laboratory setting. Nurses are educated to hear hearts with their stethoscope, but at times they might miss a great deal if they do not listen with their heart.

MEDICINAL PLANTS

USED BY THE NAVAJO

Throughout their life Navajos use herbal remedies to protect them from injury, treat their medical problems, and ensure their mental health. Native healers believe that individuals must first be healed by a plant before they can heal others with the same organism. The following plants are common to the reservation and are displayed here only for informational purposes regarding their use.









1. **Sage**—*to treat ulcers and burns*
2. **Cedar**—*to treat coughs and colds*







3. **Colorado Four o'Clock**—*to treat mouth sores*
4. **Golden Aster**—*to induce vomiting and to relieve indigestion*
5. **Pine Tar**—*to treat carbuncles and skin diseases (such as psoriasis, eczema, and rosacea)*





6. **Spiny Greasewood**—*to treat colds and sinus headaches; also used to rub on sore muscles*
7. **Nettle**—*to treat skin ailments*



8. **Yucca**—*the roots are used to make shampoo*
9. **Sulphur Buckwheat**—*a gynecological aid (rumored to produce twins)*
10. **Jimson Weed**—*an analgesic used during surgery or bone setting (fatally toxic in only slightly higher amounts than the medical dosage)*

"Lead Me, Guide Me, Walk Beside Me"

LIFE LESSONS WITH THE HOLY GHOST

By Jane H. Lassetter, Assistant Professor, PhD, RN

I had always considered the chorus words to "I Am a Child of God" (*Hymns,* no. 301) to be a child's pleading for help from parents and teachers, but I realized these words could also be the feelings of our prayerful hearts as we ask the Lord to lead, guide, and walk beside us through the guidance of the Holy Ghost.

I want to share some lessons I have learned about receiving, recognizing, and responding to promptings from the Holy Ghost and suggest ways in which we can better develop these spiritual skills.

PATRICK'S LESSON WITH ELDER KIMBALL

My late brother-in-law, Patrick Clarke, served an LDS mission in Chile in the mid-1960s. On one occasion he and his companion traveled with the mission president and his wife and Elder Spencer W. Kimball and his wife, Camilla, on a 3,000-mile tour of Chile.

They rode in a '61 Chevrolet station wagon with three rows of seats along the Pan-American Highway, which was then a narrow cement road with no shoulder. Patrick was driving. As they drove along they approached a narrow bridge that crossed a deep canyon with a river gushing below. Elder Kimball suggested they pull over and stop.

Patrick questioned him, saying, "Do you want to stop here where there is no shoulder, or do you want to drive a ways and find a better place to stop?"

Elder Kimball repeated, "Stop here." Without further hesitation, Patrick pulled the car over and stopped. Then he realized a semitruck was approaching the opposite end of the bridge in front of them. As the truck moved onto the bridge, a front wheel came off, causing the truck to roll over.

As they reflected on what had happened, it became obvious that if Elder Kimball had not told them to pull over, they would have arrived on the bridge at the same time the semitruck lost its wheel and rolled. They would have had nowhere to turn and would very likely have been killed in a collision.

Patrick asked Elder Kimball how he knew they were in harm's way. Elder Kimball explained that the Holy Ghost had whispered to him, "Pull over. Pull over." The young elders were impressed with his inspiration but also wondered why they had not been warned; after all, they were missionaries living close to the Lord. Elder Kimball explained to them that the Holy Ghost had not overlooked them but that they were not listening. They had not trained themselves to hear the still, small voice. Elder Kimball encouraged them to hone their senses to the promptings of the Holy Ghost.

MY EXPERIENCE IN TONGA IN 2010

Now come with me to another part of the world, 44 years later, when I was in Tonga with another nursing faculty member and eight students. We were there to learn about Tongan culture so that we could learn how to provide nursing care in culturally mindful ways. On these beautiful islands I learned the importance of acting on promptings when I receive them.

While we were in Tonga, one of the few small interisland planes crashed, and the other interisland planes were grounded, pending an investigation. This meant that any travel between the islands had to be by ferry. We had already traveled by ferry once and had planned to make one more interisland trip.

As the day for this trip grew closer, I began to feel uneasy; in fact, it became pretty clear to me that I should not go. I did not know why, and the prompting seemed to be for me personally—not for the whole group. I decided I would go and be *really careful.*

We stayed only one night, but I was ready to return to the main island. As you can imagine, I was nervous, feeling I was there against heavenly advice.

The ferry left very early in the morning, well before sunrise. When we arrived at the dock, the only light around came from inside the ferry. I thanked the driver, jumped out of the vehicle, and scurried across the dock ahead of the students, hoping to secure seats for our group.

Unbeknownst to me, there was no plank to provide a walkway between the dock and the ferry, and my eyes were fixed on the seats inside. As I stepped where I thought a plank would surely be, I felt the dreadful sensation of falling.

As I hit the water, I knew this was why I had been warned.

I continued my descent a long way down in the water. Even in the watery deep I immediately began to pray and apologize for my disobedience while also pleading for help. I struggled mightily in the disorienting watery darkness but somehow managed to find my way to the narrow passage between the side of the ferry and the wall of the dock. Eventually I was able to reach the surface of the water. Illuminated by the light from the ferry, as I looked up I could see the horrified expressions on my students' faces melting into looks of relief. I was so grateful to breathe air again.

Just then a young Tongan man was at my side. I do not know how he got in the water, but I remember the overwhelming gratitude I felt for him and his bravery. He did not speak English, but he managed to guide me toward the front of the ferry, where the dock surface was closer to the water. Two large Tongan men reached down, each grasping one of my arms, and quickly pulled me to the safety of the dock.

Tongan women quickly gathered around me to comfort me and tell me more about what I had just experienced. They told me it was a miracle I had survived. They explained that the ocean was unusually calm that morning. If there had been the slightest movement in the ocean, I would have been crushed between the rocking ferry and the dock. My knees went weak as I realized the tender mercies I had experienced, and I felt the love of my Heavenly Father, despite my disobedience to the promptings I had been given.

SOME THOUGHTS ON PROMPTINGS

Promptings come in various ways to different people and at different times in our lives. Just as we have various learning styles in college classrooms, we have unique needs for learning about spiritual guidance, so our Heavenly Father, Jesus Christ, and the Holy Ghost customize our learning experiences with spiritual promptings. For me, promptings often come as sudden thoughts or feelings, such as when I suddenly understood the chorus of "I Am a Child of God" in what was a new way for me. These sudden impressions are often things I have never thought of before and produce something of an aha moment.

Promptings from the Holy Ghost are always consistent with the gospel and always edify as we are taught, reminded, warned, or encouraged to provide a service for someone else. Promptings from the Holy Ghost are often described as still and small. Sometimes with the noise and chaos around us, our busy lives are anything but still and quiet.

I read about Joseph Smith's experience when he was unable to translate one morning because he had argued with Emma. Only after he had taken time to pray, calm himself, and ask Emma for forgiveness was he able to continue the work of translating. I believe it is similar for us; we need to avoid contention and anger so that we can be still and ready for the quiet promptings we yearn for.

We need to find times and places in which we can be still and quiet to help us sense promptings. For all of us these times should include at least daily prayer in which we ask for the guidance and companionship of the Holy Ghost and for help in recognizing His promptings. Scripture study helps our mind dwell on spiritual things and provides a medium for revelation as the Holy Ghost verifies the truths in the scriptures and teaches us how they apply to our lives.

Each Sunday when we partake of the sacrament, we renew our baptismal covenant to take upon ourselves the name of Christ, to always remember Him, and to keep His commandments. Remember the promise we are given in return? It is a very significant promise: to have His spirit to be with us. Imagine the blessing of having the constant companionship of a member of the Godhead. As we strive to do our best to keep our baptismal and other covenants and listen for promptings, we will increase our sensitivity to the still, small voice.

Finally, remember that promptings are often very subtle, coming in ways that might make it difficult for us to know when we have received inspiration. Most often promptings come as gentle nudges that suggest a particular course of action. Rarely does the Holy Ghost pester us until we finally submit to His promptings. Because inspiration so often comes in these quiet, unobtrusive ways, we should not sit and wait in a state of paralysis for inspiration to direct us.

I hope you will reflect on your own life lessons with the Holy Ghost and ponder ways in which you might increase your sensitivity to His promptings. Remember, you are a spiritual being having a mortal experience. As you provide the proper context, your spirit can understand the Holy Ghost as He leads, guides, and walks beside you on your mortal journey. Live your life in a way that invites His presence and helps you sense His tender whispers.

This article is adapted from Lassetter's devotional address, given March 4, 2014. The full text is available at speeches.byu.edu.

CAR: HEMERA TECHNOLOGIES; TRUCK: KARAM MIRI



The BYU College of Nursing recently rebuilt its simulation lab with increased evaluation and technology-enhanced resources. The facility is designed to replicate clinical experiences found in medical clinics and hospital settings.

BARRY THORNBURG (2)

A PLACE OF PREPARATION

By Patricia Ravert

Throughout the history of the College of Nursing, there have been areas designated to support the development of psychomotor skills. In the 1970s the college furnished a single room with hospital beds and simple care models so students could practice basic skills. In the 1990s a Nursing Learning Center (NLC) was created to facilitate student learning in a variety of settings, such as critical care, pediatric health, and maternal health.

The 6,000-square-foot NLC on the first floor of the Spencer W. Kimball Tower opened in 1998 and, at the time, its computer programs, manikins, equipment, and medical supplies were state of the art. In an effort to stay competitive, BYU obtained its first high-fidelity simulation manikin in 2001, with additional birthing and pediatric simulators purchased a few years later.

The lab operates approximately 70 hours each week and is staffed by student workers, a full-time supervisor, and a faculty coordinator. Other faculty members and about six part-time registered nurses hired as teaching assistants work with more than 400 students in the lab weekly.

Because of the course demands on the facility and the desire for additional space for students to study and acquire advanced nursing skills, the College of Nursing needed to upgrade this facility with evaluation and technology-enhanced rooms, including a control center that facilitates the simulation of multiple patients from one central area.

Thanks to a generous 4-million-dollar gift from the Fritz B. Burns Foundation, this new structure has been realized. With deep gratitude the BYU College of Nursing has named the education facility the Mary Jane Rawlinson Geertsen Nursing Learning Center, in honor of the great-aunt of Rex J. Rawlinson, president and chair of the board for the Burns Foundation. Geertsen was a Utah nursing leader in the early 1900s. (Read about her life on p. 14.)

While the size of the Kimball Tower basement did not change, the college received an additional 4,000 square feet of space formerly used by the College of Family, Home, and Social Sciences advisement center.

A wall-breaking ceremony occurred prior to the college convocation on Friday, April 25, allowing college officials and Burns Foundation trustee members to break ceremonial holes in the old walls to kick off the construction project. (View a video of the event at nursing.byu.edu.) Big-D Construction Corporation began the demolition on April 29 and finished the project in August, with GSBS Architects providing the plans. The construction timeline allowed only one month for college staff to unpack supplies and materials and to ready the equipment in preparation for fall semester.

The new facility features six full-simulation experience rooms with high-fidelity manikins, compared to the one room previously used. There are now four debriefing rooms (instead of one), five exam rooms (instead of four), and a nine-bed skill lab (instead of two four-bed labs). The four-bed walk-in lab that was located in another building across campus is now also housed in the new facility.

New features include two procedure-training areas, where students can practice skills such as blood draws and IV starts and where graduate students can learn to apply medical casting. The rooms also have an expanded ability to video record student interactions with manikins or standarized patients and review either individually or as a class why the patient improved or worsened with the provided medical care.

The space is amazing and will meet the needs of current and future nursing students for many years. Alumni and friends of the College of Nursing are invited to tour the new facility during Homecoming Week in October. Please review dates and times at nursing.byu.edu or Facebook.com/BYUNursing.



Dean Ravert celebrates the hole she made at the wall-breaking ceremony in April, kicking off the remodel and expansion of the Nursing Learning Center.



In a matter of days, the old infrastructure was demolished and the new walls built. Photos highlighting the construction progress are available at Facebook.com/BYUNursing.

BENJAMIN BAY

The Burns Foundation: AN INSTITUTION OF GIVING

The Fritz B. Burns Foundation of Burbank, California, is involved in many areas across BYU campus, including supporting the renovation of a memorial lounge in the BYU Law School, acquiring a Heritage Edition of the Saint John's Bible for the Harold B. Lee Library, and donating funds to various colleges and departments for student scholarships and grants.

In 1975 the nonprofit, private organization was established by Fritz B. Burns, a philanthropist and wealthy land developer from Minnesota. Burns built hotels in Hawaii as well as malls, industrial parks, and thousands of post–World War II mass-produced homes in California. His material accomplishments equaled a lifetime of philanthropic giving to schools, hospitals, and other charitable organizations in Los Angeles. After his death in 1979, the foundation continued to provide support to educational, social, medical, and religious causes in Southern California and throughout the nation.

Foundation president and board chair Rex J. Rawlinson says that because of BYU's relatively low tuition rates, scholarship money goes much further and can impact far more students at BYU than at many other universities. That fact, coupled with the high quality of the students at the university, has contributed to the foundation's decision to increase its commitment to BYU each year for the past several years.

Besides its support for the expansion of the Nursing Learning Center, the foundation this year also established the Maureen E. Rawlinson Endowed Scholarship, named after the foundation vice president and spouse of Rex. The fund will award a yearly half-tuition scholarship to a nursing student beginning spring 2016.

High-Fidelity Simulation Rooms

These six rooms are intended to look, feel, and function as typical medical/surgical rooms, but they can also be utilized as an ICU, L&D, ER, or NICU. The rooms each contain a high-fidelity manikin that can replicate specific educational patient-care functions.

Control Center

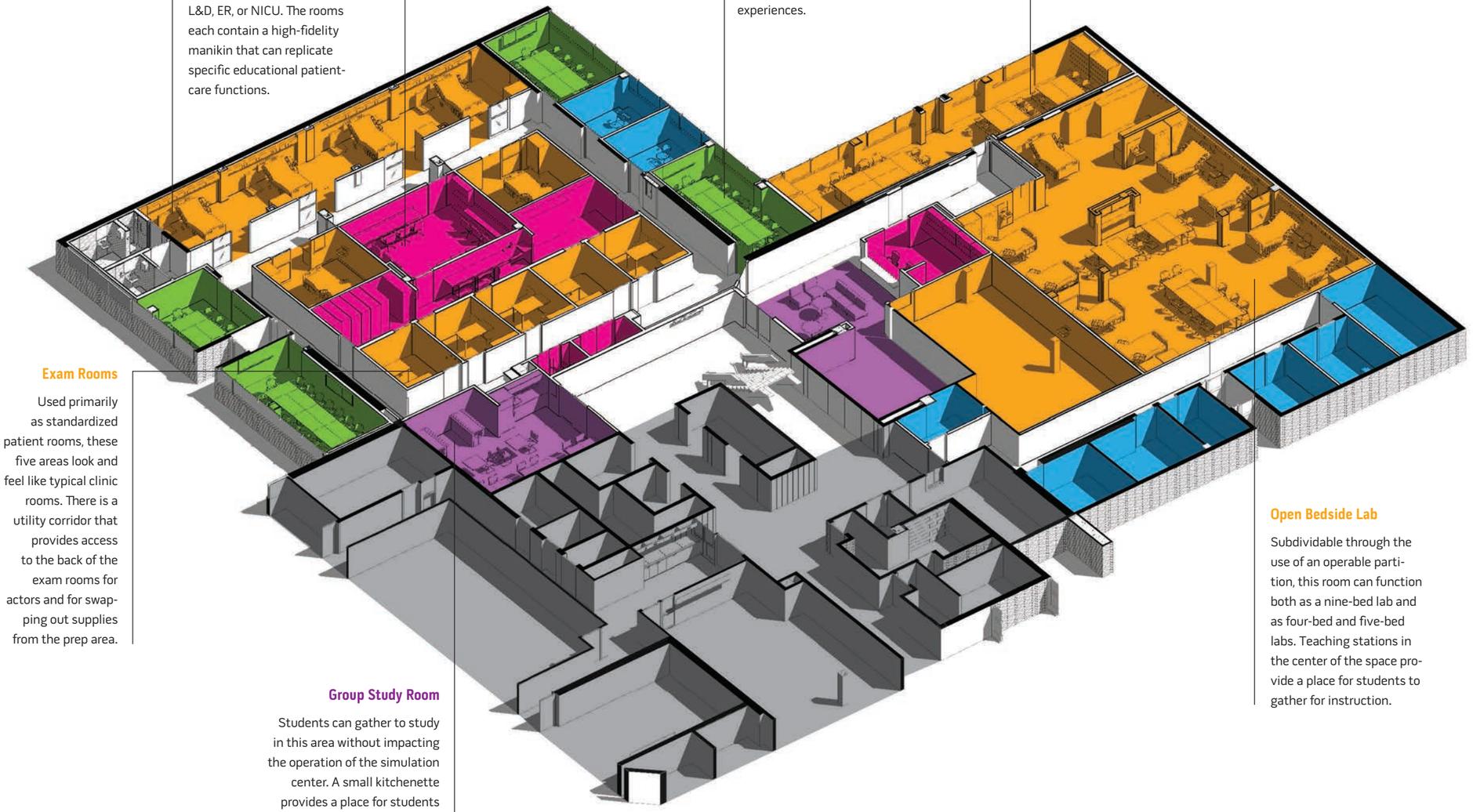
Activities that occur within the various labs are captured through the use of integrated video cameras and microphones. Operators in the control room manage this data while also remotely controlling all manikins.

Debriefing Rooms

Equipped with video-playback capability, four rooms allow student groups to debrief on training or simulation experiences.

Procedure Training Rooms

These two locations can be reconfigured for a variety of uses, such as task training. They provide wet/dry labs for students to practice skills like drawing blood, starting IVs, and applying medical casting.



Exam Rooms

Used primarily as standardized patient rooms, these five areas look and feel like typical clinic rooms. There is a utility corridor that provides access to the back of the exam rooms for actors and for swapping out supplies from the prep area.

Group Study Room

Students can gather to study in this area without impacting the operation of the simulation center. A small kitchenette provides a place for students to bring food, and it is the only room in the facility where students are allowed to eat.

Open Bedside Lab

Subdividable through the use of an operable partition, this room can function both as a nine-bed lab and as four-bed and five-bed labs. Teaching stations in the center of the space provide a place for students to gather for instruction.

LABS · DEBRIEFING ROOMS · OFFICES · SUPPORT · STUDENT AREAS · NON—COLLEGE OF NURSING

The Anatomy

OF A HIGH-FIDELITY SIMULATION MANIKIN

The Nursing Learning Center uses four METIman high-fidelity patient simulators—computerized, interactive, life-size manikins that can be programmed to provide realistic patient responses and outcomes to nursing care.

The tetherless system uses a Müse operating software interface to program custom simulated clinical experiences, and it allows data backup and sharing with a Wi-Fi connection. The TouchPro wireless patient monitor displays customized data such as ECG, pulse oximeter, blood pressure, and applicable waveforms.

The system responds to bag-valve-mask ventilation, intubation, defibrillation, chest-tube placement, pacing, and CPR compressions, and it allows students to perform gastric lavage and subclavian IV injections, with bleeding and fluid drainage sites included. It can automatically calculate 68 intravenous and inhaled medications, with responses that are automatic, dose dependent, or follow an appropriate timecourse.

These devices are quite realistic, with reactive pupils, blinking eyes, prerecorded sounds and voices, and the ability to create customized messages via a wireless microphone. They breathe depicting bilateral and unilateral chest rise and fall (offering breath sounds, heart tones, and palpable pulses) and have airway-management features that include the ability to suction airway secretions, aspirate and infuse fluids, perform a cricothyrotomy, and treat a bronchial occlusion.

It is the goal of the college to eventually have an endowment fund to replenish the high-fidelity manikins every five years to ensure that learning opportunities are at the leading edge of the nursing industry. Each manikin—with warranty, support, and yearly maintenance—is $80,000 to replace.

WHO WAS Mary Jane Rawlinson Geertsen?

The remodeled College of Nursing simulation lab has been named the Mary Jane Rawlinson Geertsen Nursing Learning Center after a great-aunt of Rex J. Rawlinson, current president and trustee of the Fritz B. Burns Foundation, the generous donor for the project. With the expansion and naming of the facility, many students and alumni wonder, "Who was this woman, and what made her a nursing leader?"

Mary Jane Rawlinson Geertsen was born in Oak City, Utah, on September 24, 1884, and died in Salt Lake City on May 21, 1957. She was the sixth of nine children of Charles William James Rawlinson and Lemira Lewis.

Jane attended Snow Academy (now Snow College) for her advanced education and then taught school in Sugarville, Utah (north of Delta). This career ended in 1916 when she became ill and underwent suspension surgery and an appendectomy.

Shortly after the United States become involved in World War I, Jane began attending the nursing program at LDS Hospital. Within three months, in April 1918, she received her nursing cap but failed her medical physical due to a chronic sinus infection. Miraculously, two weeks after receiving a priesthood blessing of health, she had all her uniforms made and was at the nurses' home ready to start.

Four months later, the Spanish influenza struck the country. This pandemic killed Jane's brother Eli (Rex Rawlinson's grandfather). Patients suffering from this terrible flu began to fill the hospital so fast that all other patients were sent home to relieve the pressure on the hospital's resources.

In the midst of the pandemic, Jane finished her classwork with an average of 96 percent over her three years, receiving her diploma on May 18, 1921. Out of the 15 students who began the program, she was one of six nurses to graduate. In June she took the State Board Examination for three days at the Utah State Capitol, earning her state certificate.

In February 1922 Jane returned to Salt Lake City and worked at the County Hospital, taking control of Ward Two and the Outpatient Department (becoming only the third nurse to control this department). That April, Jane became president of the Nurses Alumnae Association of County Hospital. A year later she served as the secretary of the Utah State Nurses Association for three years and also served one year on the board of directors.

Besides helping to manage the hospital, Jane taught weekdays from 8 to 10 a.m. and from 2 to 4 p.m. in the nursing school and then attended lectures with the student nurses in the evenings. In 1923 she oversaw all classwork under a new superintendent.

In September 1926 Jane began dating Peter Geertsen, a man she had met during her nursing training who worked as a county health inspector. Jane and Peter wed February 11, 1930, in the Salt Lake Temple. They were married by Apostle David O. McKay, who was a boyhood friend of Peter's and grew up on an adjoining farm in Huntsville, Utah.

Jane had a kind and tender heart and exhibited considerable compassion for everyone she met. Her tremendous generosity was directly responsible for many of her nieces and nephews being able to complete their education.



The renovated Nursing Learning Center is named in honor of Mary Jane Rawlinson Geertsen, a nursing leader in Utah in the early 1900s.

PHOTOGRAPH COURTESY OF THE KEN COX FAMILY

In the midst of the [Spanish influenza] pandemic, Jane finished her classwork with an average of 96 percent over her three years, receiving her diploma on May 18, 1921.

A Friend in Maternal Healthcare

By **Rachel Peters**



BARRY THORNBURG

For Debra Edmunds (BS '03), MSN, RN, CNE, the call to nursing is deeply personal.

"I would say a defining event was giving birth to a stillborn baby," says Edmunds, an assistant teaching professor in the College of Nursing. During her stay at the hospital, she realized that no one knew quite what to do or say, and she was ultimately offered very little support to cope with her loss. This experience led her to realize, "I want to be a nurse that makes a difference."

After her youngest child turned four, Edmunds began her university coursework for the first time. She received two associate's degrees in nursing and health sciences from Salt Lake Community College, a bachelor's in psychology from BYU in 2003, and a master's in nursing education from the University of Utah in 2007.

"Bringing life experiences to the clinical setting allows me to share personal insights with others. I'm able to provide bereavement support to help grieving moms realize and acknowledge that their sorrow is very real."

As a nontraditional student and mother of five daughters and two living sons, Edmunds actively encourages women to pursue an education. "It's never too late," she says. "There's still plenty of time to work, even if you don't go to college until your 30s or 40s. I always offer support to women who are thinking of going back to school or changing careers."

Beyond the realm of education, Edmunds uses healing as a way to empower and validate women.

"I spent many years working in a women's health clinic," says Edmunds. "Women's health is more than providing encouragement and education; it is supporting and respecting each other's choices and individual circumstances. There's a season and an opportunity at different stages of life to contribute in different ways."

One of her favorite quotes is from Oprah Winfrey: "God can dream a bigger dream for you than you could ever dream for yourself. Success comes when you surrender to that dream—and let it lead you to the next best place." For Edmunds, nurturing women through maternity nursing roles brings happiness.

Because of her own experiences with labor and delivery, Edmunds knows firsthand what her patients are going through. "Bringing life experiences to the clinical setting allows me to share personal insights with others," she says. "I'm able to provide bereavement support to help grieving moms realize and acknowledge that their sorrow is very real."

She has written several unpublished poems that focus on the loss of a baby, some coauthored with her husband, Gary. The second stanza of her poem "Don't Skip Past the Pain" reads:

There's no easy shortcut to bypass the grief,
But your pathway will lead to a place of relief.
Embrace every moment both awesome and plain,
Make way for His peace—don't skip past the pain.

In the College of Nursing, Edmunds codirects the refugee and immigrant section of the clinical practicum for Public and Global Health Nursing. During spring term, her students work with individuals who recently came to the United States. Some of these immigrants speak limited English, have few possessions, and need access to medical and dental care. Edmunds empowers her students to help these individuals improve themselves, and she works closely with caseworkers to find solutions when needed. (See a video featuring the refugee work of Edmunds and her students at nursing.byu.edu.) She also teaches Preview of Nursing as well as Nursing Care of Women and Newborns.

"My time at BYU has taught me that learning is spiritual and intellectual," she says. "I am grateful to be able to assist those seeking maternal/newborn and women's health nursing care."

New Faculty

Several new faculty members recently joined the College of Nursing. Three are highlighted here, with others to be featured in future publications.

Different in All the Right Ways

KAREN J. WHITT, PHD, APRN



Assistant professor Karen J. Whitt (AS '84), PhD, APRN, joined the faculty in January. She received her bachelor's, master's, and PhD from George Mason University (GMU) in Fairfax, Virginia. She also has a graduate certificate in nursing education from GMU and a postgraduate family nurse practitioner degree from George Washington University (GWU) in Washington, DC. Despite all of this education, perhaps her favorite degree is her associate's from BYU.

Dr. Whitt had the opportunity to conduct research with National Institutes of Health (NIH). Her dissertation evaluated the relationship between vitamin D receptor genotypes and bone mineral density. Because of her project, she was awarded an NIH fellowship in genetics through the National Institute of Nursing Research. This experience provided a solid foundation in molecular genetics and hands-on laboratory research that she has integrated into her nursing research.

She currently instructs a scholarly inquiry class, mentors capstone students, and this spring taught a new graduate-level Informatics and Healthcare Technology course.

"I loved teaching at GMU," says Whitt. "I also enjoyed my time as a professor at GWU. These are distinguished institutions, and I am grateful for my associations with them, but they lack one thing that can only be found in Provo: BYU students. The students at BYU are different in all the right ways."

One of her favorite things about nursing includes seeing someone gain confidence as a nurse, such as when a fearful student struggling with that first IV suddenly believes, "I can do this."

One of her favorite things about nursing includes seeing someone gain confidence as a nurse.

Whitt is a content expert in advanced genetics nursing for the American Nurses Credentialing Center, a member of the Research and Education Committees for the International Society of Nurses in Genetics, a member of Sigma Theta Tau International, and secretary for the BYU chapter of Phi Kappa Phi.

Karen and her husband, Stephen, moved from Charlottesville, Virginia, to Provo last December. In her spare time she enjoys being with her three wonderful children and three grandchildren.

Be Your Best Every Day

MICHAEL C. THOMAS, MS, NP-P, APRN, ANCC



"I come from a family of educators," says Michael C. Thomas, who has a deep love of teaching. "My two grandfathers and father have all worked in higher education as professors and administrators. My grandmothers were also educators." His mother also recently returned to school to become a teacher for individuals with special needs.

During the past school year, Thomas worked as an adjunct professor for the college. He is now grateful to be full-time faculty. He shares two work beliefs that have served him well through the years: "First principle: be your best every day. There are days when you just do not want to be at work. Your patients deserve the best that you can provide; they should not be able to notice if you are having one of those days," says Thomas. "Second principle: be a good team member. Do not hesitate to do extra things to help out your coworkers."

"There are days when you just do not want to be at work. Your patients deserve the best that you can provide; they should not be able to notice if you are having one of those days."

Thomas completed his bachelor's in nursing at Utah Valley University and obtained a master's in nursing as a psychiatric and mental health nurse practitioner at the University of Utah.

Thomas believes it is extremely rewarding and humbling to take part in someone's healing process. He also feels it is beneficial to help others create a knowledge base and expand their perspectives in ways that will help them be successful in their future careers. As an assistant teaching professor Thomas will teach Communication for Nurses and psych/mental health nursing courses.

Michael is happily married to Lori, and they have three children. He is still surprised that she married him since he was quite awkward when they were dating. "I remember during one date," he explains, "we were watching a movie, and I wanted to put my arm around her. Scared and not knowing what to say, I said, 'You might think I'm weird for asking this, but can I put my arm around you?' Thankfully, she said yes."

Retiring Faculty

Your Potential Is Infinite

BRET LYMAN, PHD, RN, CNE



BENJAMIN BAY (2)

LYMAN: BENJAMIN BAY; ANDERSON: JILL BICKHAM

"Find ways to learn and grow from every person and situation you encounter in your journey," says Bret Lyman. "Your potential is infinite."

Lyman's experience has taught him that the best nurses use every aspect of themselves—intellectual, spiritual, physical, creative, emotional—in caring for others. He believes that practicing nursing in this way is one of the most liberating, empowering, and enriching experiences a person can have.

He earned his first nursing degree from Weber State University and later received advanced and terminal degrees in nursing from the University of Northern Colorado. His graduate education focused on nursing education, with emphasis in organizational learning and leadership in higher education.

He came to BYU because, he says, "BYU has a stellar reputation for academic excellence, scholarship, global outreach, strong values, and outstanding faculty and students. It is an excellent opportunity to be part of a college with such rich history and an exciting future. My hope is that the experiences, perspectives, and talents I have been blessed with will be a benefit to the faculty, students, and community at BYU."

The best nurses use every aspect of themselves—intellectual, spiritual, physical, creative, emotional—in caring for others.

As an assistant professor, Lyman instructs an ethics course and mentors capstone students. He will continue to be part of Sigma Theta Tau International and the Western Institute of Nursing. He was active in the Oregon Consortium for Nursing Education and Oregon's Action Coalition for the Future of Nursing, and he was an ambassador for the National League for Nursing.

While in Oregon he worked to establish an organizational learning network composed of multiple health systems in order to improve patient-centered healthcare through high-performing interprofessional teams. For BYU he will continue his study of organizational learning associated with different quality-improvement initiatives in healthcare.

Bret and his wife, Lori, have five children, all energetic and fun. They love to read together and to play tag, board games, and hide-and-seek. Lyman says he is looking forward to more outdoor activities like camping, hiking, and biking.

Thanks for 35 Years of Service

VICKIE L. ANDERSON, MS, RN, NP-C



Associate teaching professor Vickie L. Anderson (AS '74, BS '75, MS '83) retired in August after working at BYU for 35 years. Not only did she influence numerous faculty, staff, and students during her time as a full-time employee, she was a result of the program—graduating with associate's, bachelor's, and master's degrees in nursing from the college.

During her studies to become a nurse practitioner, she became an instructor for the college. Her work ethic and desire to serve earned her the 1985 Nurse of the Year recognition from the Utah Nurses Association.

In the 1990s when the university offered its family nursing clinic, Anderson was the primary coordinator and then director of the program. Over the years, she has served on almost every college committee, and the list of classes she instructed is long: undergraduate courses such as Health Assessment and Promotion, and Nursing Care of the Older Adult; graduate-level titles like Management of Pediatric and Adolescent Disorders, and Essentials of Physical Assessment.

"Vickie is a valued colleague who cares very much about nursing and the importance of professionalism."

Anderson's contribution to the nursing industry is just as impressive. Early in her career she volunteered on the legislative and governmental relations committees for the Utah Nurses Association and served five years as the chair of the Nurse Practitioner Prescriptive Practice Board. Perhaps the organization she affected most is the American Academy of Nurse Practitioners Certification Program, where her efforts of the past two decades influenced item writing, test construction, and certification.

"Vickie is a valued colleague who cares very much about nursing and the importance of professionalism," says Dr. Sandra Rogers (BS '74), BYU international vice president and former college dean. "I appreciate her high standards that made her an excellent clinician and role model."

Anderson is a lifelong learner who enjoys reading. We wish her much happiness as she spends time with her husband, Donald, and their four children and three grandchildren.

A Night of Nursing



On March 13, 2014, 266 College of Nursing alumni, students, and friends gathered in 15 locations around the United States.

By **Jeff L. Peery**

During 2013 the College of Nursing sponsored informal "cottage meetings" in Las Vegas; Washington, DC; and the Los Angeles area that allowed local alumni to meet with Dean Ravert and hear a message about the college. However, due to the expense and also the difficulty of scheduling the dean for multiple locations, an alternate solution was developed to help nursing alumni across the country stay connected to the college while also learning of other nursing individuals in their own communities (for support and networking).

In an effort to meet those objectives, the BYU College of Nursing alumni board sponsored a Night of Nursing on Thursday, March 13, 2014. This event invited nursing alumni and friends to join in small groups around the nation to learn about current college happenings, to network, and to reminisce about university experiences.

The largest group gathered on campus in the Wilkinson Student Center, with 187 students and Utah Valley alumni attending. In the spirit of the evening, Dean Ravert dressed as Florence Nightingale and shared a message showcasing stories of growth and opportunities for the college. Participants said they enjoyed great networking opportunities with local alumni.

Additional locations in Spokane, Portland, San Francisco, Orange County, San Diego, Las Vegas, Phoenix, North Salt Lake, Boise, Denver, Colorado Springs, Minneapolis, Cleveland, and Charlotte involved 14 hosts and 79 alumni and friends.

Many volunteer hosts for the evening expressed how easy it was to sponsor their event because of the kit they received from the college with almost everything needed to produce their gathering: a message from the dean on DVD, college factsheets and information, and door prizes with raffle tickets.

"My event went well, as I had seven people in attendance," says Elizabeth Manning McCombs, alumni board member and chapter chair for the Orange County area. "Everyone loved the door prizes! We are looking forward to our next event and getting the word out to more alumni in the area."

Campaign evaluations found that participants wanted even more college program details, such as how to obtain a master's degree or ways students earn clinical hours internationally. Many also desired scholarship information and materials on how they can give back to their alma mater.

The next Night of Nursing will be Thursday, March 12, 2015, and the college hopes to have 500 alumni connect in 30 cities. You may participate in two ways:

1. HOST. Let us know if you are willing to host an event in your community by emailing nursingpr@byu.edu. We will provide the materials and information you need to be successful. Local nursing alumni near you will be invited to your home, and you may also reach out to other university alumni, healthcare associates, and friends.

2. ATTEND. In February 2015 visit nursing.byu.edu to find a location near you to attend. You will be given a host name, address, and event time. If you live near Provo, the college will sponsor an event on campus that is going to be big!



ABOVE: Dressed as Florence Nightingale, Dean Patty Ravert speaks to the college alumni, students, and friends who attended the Night of Nursing event on campus.

ABOVE: BENJAMIN BAY

SPECIAL THANKS TO OUR 2014 HOSTS:

Robin Baker Thomas (AS '74), San Diego
Jo Anne Price Edwards (AS '75), San Francisco
Elizabeth Manning McCombs (AS '79, BS '84), Orange County
Diane J. Gold (BS '80, MS '82), Minneapolis
Holly Harris Urban (AS '82), Colorado Springs
Tracey Bates Long (BS '86), Las Vegas
Jeanette Drake (BS '90), Cleveland
Nancy Williamson Gibbs (BS '92), Denver
Jennifer Peery Hammond (BS '95), North Salt Lake
Beth Scott Vanderwalker (BS '95), Charlotte
Sonia Basel Blau (BS '99), Phoenix
Laurel Lee Bingham Corkran (BS '05), Portland
Tammy Burt Rampton (BS '05), Boise
Ashley Murphey Barnes (BS '09), Spokane





SAN DIEGO: ROBIN THOMAS/NANCY OAKES; CHARLOTTE: WENDY LINDSEY

TOP: Those who attended the San Diego area event included Judith "Ann" Francom Keyes (BS '61), Deborah McFarland Schroeder (AS '76, BS '77), Robin Baker Thomas (AS '74), Barbara Robinson Adams (AS '80), Sara Bennett Myres (AS '83, BS '87), Nancy Ehlen Oakes (AS '81, BS '83), and Sarah Holland Johansen (BS '06).

BOTTOM: Participants at the Charlotte area event were Elizabeth Scott Vanderwalker (BS '95), Aimee Whitesell Childs (BS '95), and friends of the college Samantha, Courtney, and Holly, as well as Wendy Berger Lindsey (BS '03), who took the photo.

Alumni Updates

Dr. Lynn C. Callister (BS '64, MN, PhD), emerita faculty member, received the 2014 Mother of Achievement award; she is one of five recipients to receive the national recognition this year.

Callene Drage Bobo (AS '76, BS '87, MS '11) is about to observe 40 years of service at Mountain View Hospital in Payson, Utah; she currently works as director of Diabetes Services.

Aleta Nielson Billadeau (AS '83, BSN, MNE) just celebrated 25 years of being a nursing educator for the professional practice and development department of Concord Hospital in New Hampshire.

Susan "Susie" Mathis Kochevar (AS '83, BS '87) will be honored during Homecoming with the college's Alumni Achievement Award and will present a campus lecture to alumni, students, and friends on Thursday, October 16, at 11 a.m. in room 270 SWKT. Kochevar is an emergency room nurse at Southern Hills Hospital in Las Vegas. As a volunteer nurse, she has also served surgical missions in Guatemala and participated with the college's Ecuador section of the clinical practicum for Public and Global Health Nursing.

Donna Abbott Lister (BS, MS '94, PhD) is an associate professor at Southern Utah University and department chair in the nursing program. She has also continued to practice as a family nurse practitioner in Parowan, Utah, since graduation 20 years ago.

Dallen K. Ormond (BS, MS '99, PhD) is a board-certified family nurse practitioner. He began a pediatric practice in 2001 with two friends: Dr. Matthew Cox and Dr. Michael Johnson. Their Families First Pediatrics office now serves two locations in the Salt Lake Valley.

Carma Kunz Miller (BS, MS '00, MPH, DNP) has joined the faculty of BYU–Idaho's Department of Nursing. Since being a student at BYU–Provo, she has earned a master of public health and a doctor of nursing practice from the University of Utah.

Shalece Kofford Barrow (BS '05, MPH) is now director of clinical coordination at Cancer InCITe in San Antonio, Texas.

Three alumni recently collaborated on a paper with emerita faculty member Dr. Barbara Mandleco: **Aimee Lee Latta (BS '05, MS)**, a nurse and qualitative researcher at Beth Israel Deaconess Medical Center; **Tammy Burt Rampton (BS '05)**, who worked with Alaska Health Fair as a volunteer screening consultant and is now a stay-at-home mom; and **Jessica Lake Rosemann (BS '05)**, a nurse at Primary Children's Hospital. The paper, "Snapshots reflecting the lives of siblings of children with autism spectrum disorders," was printed in the July 2014 issue of *Child: Care, Health and Development*.



BARRY THORNBURG

The BYU College of Nursing received a copy of *Celebrating the First 100 Years of LDS Hospital* from **Evelyn Jorgensen**—College of Nursing emerita faculty member, historian, and the book's lead author. Pictured with the book (left to right): **Dr. Mary Williams**, associate dean; **Dr. Patty Ravert**, dean; Jorgensen; **Dr. Sandra Rogers**, former college dean and current university international vice president; and Kathleen Kaufman, emerita professor at the University of Utah College of Nursing and a contributing author to the book.

Kathryn Millar (BS '08, MPH) is now publication coordinator and technical writer for the Maternal Health Task Force at Harvard School of Public Health in Boston.

Emily Burgoyne Becerra (BS '10) recently began work for UNC Health Care in Chapel Hill, North Carolina, as a registered nurse for trauma and orthopedics surgical services units.

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

IN MEMORIAM

Elizabeth Anna Gleason Mayland (BS '51)
Arlene Aitken Nelson (BS '51)
Cleta Margo Hammond Whipple (BS '54)
Geraldine Johnson Anderson (BS '56)
Margaret Louise Park Pitt (BS '56)
Patsy Walker Gregersen (AS '68)
Carroll Burgener Reid Wilson (AS '68)
Nancy Ann Dain (AS '69)
Elizabeth Ann Poulsen Brockbank (AS '70)
Colleen Kay Crawford Taylor (AS '75)

Anatomy Academy: The Impact of Two Pilot Studies

Jane H. Lassetter, Associate Professor, PhD, RN
Gaye L. Ray, Assistant Teaching Professor, MS, FNP-C



As a program mentor, nursing student Annie Johnson (left) works with other university students to teach children healthy living habits.

IMPACT ON CHILDREN STUDY

Graduate student Katherine Turley Jenkins (MS '14) gave three children each a piece of candy. When they finished devouring the candy, Jenkins asked the children to calculate and measure the amount of sugar they just ate. The result astounded the children.

Anatomy Academy (AA) is an educational intervention program designed to introduce children to basic anatomy and physiology. The goal of the seven-unit course is to raise children's interest in science and ultimately prevent childhood obesity. This is done by teaching elementary school children healthy living habits and helping them apply this information through educational, hands-on activities. BYU nursing students, along with students from other disciplines and medical and dental students from other local universities, mentor the children and coordinate the sessions.



JEFF PEERY (2)

Nursing students Morgan Bateman (left) and Alison Hatch enjoy the squeamish reaction from fourth-grade children during a demonstration on how food moves through the digestive system; the hands-on activities are fun yet educational.

The program originated at Stella Middle Charter Academy in Los Angeles under the direction of Dr. Jonathan Wisco, who joined BYU's Physiology and Developmental Biology Department in 2012.

After Wisco and associate professor Dr. Jane Lassetter (AS '81, BS '98, MS '01) introduced AA to a group of graduate students, Jenkins decided to participate in research with them for her master's thesis and helped bring AA to the Salt Lake Arts Academy in Utah.

Interprofessional collaboration is important to the university and the college. Working with interdisciplinary faculty members and other AA coordinators, Jenkins helped the mentors understand Wisco's AA curriculum and adapt the lessons to meet the needs of the children in their mentor groups.

One activity focuses on the digestive system. With help from AA mentors, children mash pieces of banana and graham cracker and mix them with water in a plastic bag to simulate mastication. Then they force the bag's contents through women's hosiery to represent food moving through the esophagus and the intestines, eventually emptying the contents into a small cup. This exercise helps the children understand a complicated anatomical cycle, and the children seem to enjoy the hands-on learning.

AA's original purpose was to educate low-income Hispanic children in 5th and 6th grade; however, those involved now recognize its potential and seek to expand the program and tailor it to several audiences. While this study did not have many significant results, Lassetter and others are currently developing a questionnaire to more accurately assess the children's self-efficacy related to diet and exercise in the hopes that it will better illustrate the positive impact of AA.

IMPACT ON NURSING STUDENTS STUDY

Assistant teaching professor Gaye Ray (AS '81, BS '82) is also involved in the AA program. Ray and Lassetter studied the impact of AA on nursing students who participate as mentors. There was no prior research on methods for student nurses to develop the essential skills of equipping children with knowledge of healthy behaviors, so this is groundbreaking research.

Ray and Lassetter studied nursing students' abilities to adapt messages to audience understanding; communicate basic physiological concepts; teach and model the link between concepts and healthy behaviors; empower children to make healthy decisions; and collaborate with organizations to help children establish healthy habits.

Ray and Lassetter's findings were statistically significant, indicating that nursing students have more confidence in their own abilities to mentor, communicate, and collaborate inter-professionally after serving as mentors in AA. Ray presented the results at conferences for the National League for Nursing, Sigma Theta Tau International, and for the Western Institute of Nursing. She also worked with undergraduate student Matthew E. Wood (BS '14), who presented results at the Utah Conference on Undergraduate Research in February. Dr. Lassetter will lead a discussion on this topic at the 2014 State of the Science Congress on Nursing Research in late September.

Peer-Led Patient Care Rounds: An Effective Teaching Method



Debra Ann Mills, Associate Teaching Professor, MS, RN, CNE



Associate teaching professor Debra Mills (BS '82, MS '89) is part of a group implementing peer-to-peer patient care rounds in an undergraduate pediatric course that improves the skills of nursing students while they work with children in an acute-care facility. This teaching method offers students the opportunity to develop competencies of a bedside leader, provides care that is patient centered, reflects principles of quality and safety, uses evidence-based nursing information, promotes interdisciplinary interactions and communication, allows for immediate feedback and questions from peer learners, and bridges classroom theory and clinical practice.

During the 2014 winter semester, peer rounds were conducted weekly over a six-week period. Each student in the N362 class presented one patient, and when the class ended, students were surveyed about the experience. Responses revealed that none of the clinical students had been exposed to nursing rounds prior to the pediatric clinical rotation. All of them thought participation contributed to their own learning experience. Comments from students were positive and mentioned key gathering situations such as interacting with patients and families, observing how their peers dealt with issues, experiencing real-life situations, and relating new nursing skills to actual cases.

Nursing rounds are one example of a teaching strategy utilized by health professionals to facilitate the application of theory to practical situations.[1] Typically, rounds is a term used to describe a case-driven or topic-based didactic discussion conducted by an expert in a conference room or the hallway outside of the patient's room.[2] However, clinical instructors leading nursing rounds in this traditional manner deprive students of a rich learning experience by excluding patients and families and omitting the opportunity for peer-to-peer teaching and learning.

Upon deciding to implement student-led nursing rounds, guidelines for the strategy were developed: students needed to begin by consciously making the experience patient/family centered (the population of focus were infants or children and their families), students would be accountable for their own learning and for identifying and developing personal learning goals, all participants needed to be active and interactive, and student learners were expected to model the "nursing expert role."

Student-led nursing rounds also support complementary or synergistic learning activities that model the professional role they will be assuming. These outcomes include being able to meaningfully collect and prioritize data essential in planning for and providing care to patients and their families; using interpersonal skills; developing and applying team concepts; being aware of healthcare continuum factors; developing a contextual perspective; showing an open-minded attitude; using reflection as a means for integrating diverse data and determining desired patient outcomes; and including personal, peer, and faculty feedback in refining and improving professional competency. Specific examples of these activities include taking notes during rounds to simulate a nursing report, initiating discussions with the group regarding priorities, and delegating nursing functions and resources.

From the perspective of the faculty, the experience has taught that groups of eight or more people are difficult to manage and can be awkward in the patients' rooms. Ideal groups consisting of six students allow for adequate peer interaction as well as maneuverability in the hallways. Successful and productive teaching rounds require significant thought, planning, and preparation for both instructor and student. Time restraints may limit the number of student presenters. Consider first whether students have the chance to care for patients with interesting diagnoses, demonstrate new nursing skills, or work with patients with unusual family backgrounds or those who are more likely to contribute to the discussion. It is better to spend more time with one or two interesting patients than to provide an opportunity for each student to present. Everyone should have the opportunity to be a student leader sometime during the clinical experience.

Mills most recently shared her insights in August at the Pediatric Nursing Conference in National Harbor, Maryland.

NOTES

1. Kerby, L. L. (1994). Letter to the editor. *International Journal of Nursing Terminologies and Classifications, 5*(4), 174. doi:10.1111/j.1744-618X.1994.tb00269.x

2. Perry, J., & Paterson, B. L. (March 2005). Nursing rounds as a pedagogical strategy: Anchoring theory to practice in gerontological nursing. *Nurse Education in Practice, 5*(2), 63–69. doi:10.1016/j.nepr.2004.03.001

AMY WALTERS

BARRY THORNBURG

BARRY THORNBURG

KRYSTAL BODILY

Understanding Mothers in India



Cheryl A. Corbett, Associate Teaching Professor, MS, APRN, NP-C

India has one of the highest infant mortality and maternal mortality rates.[1] Behind Mexico and China it also has the third highest percentage of people immigrating to America.[2] Those who come to America need healthcare professionals who demonstrate cultural competencies, especially with pregnant women.

Associate teaching professor Cheryl Corbett (BS '89, MS '96), along with emerita faculty member Dr. Lynn C. Callister (BS '64), led a study in Tamil Nadu, India, to better understand cultural practices surrounding childbirth and infant care. Corbett's findings gave valuable insights into the meaning of childbearing for Indian women.

Corbett found that due to the lack of perinatal education, women in rural India value the information and support from their nurses during childbirth.



Professor Corbett studied cultural practices surrounding childbirth and infant care in India. Pictured are a Hindu woman and her child in Tamil Nadu.

Women in India anxiously await becoming mothers to demonstrate their fertility to the community. Those who do not become pregnant within the first year of marriage feel shame among their family and community. The converse is also true: once a woman gives birth, her social status elevates. One woman said, "Becoming a mother is special for us, and it is so lovely to be a mother. We experience happiness within us."

New mothers rely heavily on their mothers-in-law and other "wise women," who commonly determine delivery logistics (location, transportation, timing, etc.) and sometimes decide on the expectant mother's daily routine.

During the last weeks of a woman's pregnancy, the community conducts a ceremony. Friends and family offer blessings to the mother-to-be, who wears a new sari and a jasmine garland in her hair. The women of the community approach her one by one to put bangles on her wrists and apply turmeric powder to her face. Following the ceremony, she returns to her mother's house for the rest of her pregnancy, the birth, and the early postpartum period.

New mothers often fear birth because it is not discussed openly. The only thing that many of them know is that childbirth is painful. Corbett found that due to the lack of perinatal education, women in rural India value the information and support from their nurses during childbirth.

Newborn infants are not always weighed at birth due to a fear that onlookers may cast an "evil eye" upon the child. It is customary for mothers to take the placenta home and bury it. On the ninth postpartum day, family and friends gather for a naming ceremony. After that timeframe, Indian mothers bathe their newborns; however, some may wait as long as three months because they think infants are more likely to fever if bathed early. A mother often blows incense in her child's face after the first bath in hopes of killing harmful germs and promoting good health.

Newborns are given bindi (black dots) on their foreheads in order to ward off evil spirits. They also have threads or small ropes tied around their wrists, ankles, or necks for the same purpose.

An ultrasound to determine the gender of a child is illegal in India, so families discover their baby's gender at the time of birth. Male children are preferred because they carry on the family name and they light their parents' funeral pyres. Females are viewed as subordinates and liabilities; while dowries are prohibited by law, it is still a common practice that can create a significant financial burden.

The American Journal of Maternal/Child Nursing published Corbett's findings. In April, Corbett presented materials related to childbirth and gender inequality at the annual Communicating Nursing Research Conference for the Western Institute of Nursing in Seattle.

By better understanding Corbett's findings on birthing practices and culture in India, nurses can support and honor healthy practices and rituals but discourage those that would do harm to infants. In doing so nurses may learn, expand, and continue to practice the Healer's art more fully.

NOTES

1. Central Intelligence Agency. (2014, June 22). India—people and society. *The World Factbook*. Retrieved from https://www.cia.gov/library/publications/the-world-factbook/geos/in.html

2. Whatley, M., and Batalova, J. (2013, August 21). Indian immigrants in the United States. Migration Policy Institute. Retrieved from http://migrationpolicy.org/article/indian-immigrants-united-states

Faculty Achievements

College of Nursing faculty members continue to showcase their dedication to and expertise in the healthcare industry through a variety of achievements and publications. Following are a few notable examples of what they have accomplished.

JOURNAL ARTICLES PUBLISHED

Duncan, K. L., **Lassetter, J. H.,** VanServellen, G., Brown, L. B., Clark, L., Morgan, S., & Hanohano, B. (2014). The relationship between select demographic characteristics and body mass index among Native Hawaiian and other Pacific Islander caregiving adults. *Journal of Transcultural Nursing*. doi:1043659614523998

Heise, B. A., & Gilpin, L. (2014). Nursing students' clinical experience with death: A pilot study. *Nursing Education Perspectives, 36*(4).

Latta, A., Rampton, T., Rosemann, J., Peterson, M., **Mandleco, B. L.,** Dyches, T. T., & Roper, S. (2014). Snapshots reflecting the lives of siblings of children with autism spectrum disorders. *Child: Care, Health and Development*, *40*, 515–524. doi:10.1111/cch.12100

Macintosh, J. L., Luthy, K. E., Beckstrand, R. L., Eden, L. M., & Orton, J. (2014). Vaccination perceptions of school employees in a rural school district. *Vaccine, 32*(33).

Mackintosh, R., Gwilliam, A., & **Williams, M.** (2014). Teaching the fruits of pressure ulcer staging. *Journal of Wound Ostomy & Continence Nursing, 41*(4), 381–387.

Maughan, E., & **Heise, B. A.** (2014). Building capability and capacity in tomorrow's nursing leaders: The role of cultural competency in political nursing advocacy. *Innovations in Nursing Education, 2*.

Mills, D. A. (2013). Pediatric nursing: A look back. *Society of Pediatric Nurses*, *E-News, 22*(4). Retrieved from http://www.pedsnurses.org/p/bl/ar/blogaid=43

Platt, C., Roper, S., **Mandleco, B. L.,** & **Freeborn, D.** (2014). Sibling cooperative and externalizing behaviors in families raising children with disabilities. *Nursing Research*, *63*(4), 235–242. doi:10.1097/NNR.0000000000000046

Roper, S., Allred, D. W., **Mandleco, B. L., Freeborn, D.,** & Dyches, T. T. (2014). Caregiver burden and sibling relationships in families raising children with disabilities and typically developing children. *Families, Systems, & Health: The Journal of Collaborative Family Healthcare*. Available online 13 May 2014. doi:10.1037/fsh0000047

Steed, K. S., Diaz, M., Ojukwu, K., Padilla, J., Jenkins, K., **Lassetter, J. H.,** & Wisco, J. J. (2013). Our success in translating Anatomy Academy, an intervention program for 5th and 6th grade students, from Los Angeles, CA, to Salt Lake City, UT. *The FASEB Journal*, *27*(1 Supplement), 961.

Vogelsang, D., Clayton, C., Frampton, S., **Ray, G.,** Brown, L., **Lassetter, J. H.,** & Wisco, J. J. (2014). Teaching healthy eating and cooking helps Polynesian and Pacific Islander participants make nutritious food choices. *The FASEB Journal*, *28*(1 Supplement), 721–726.

BOOK CHAPTERS PUBLISHED

Mandleco, B. L., & Larson, J. (2014). Capacity building for global health nursing. In M. Upvail & J. Leffers (Eds.), *Global Health Nursing: Building and Sustaining Partnerships* (pp. 149–166). New York, NY: Springer Publishing Company.

Solheim, J., Goldsmith, C., Stover, S. E., & **Hunsaker, S.** (n.d.). Abdominal trauma: A major cause of morbidity and mortality [Online learning module]. Nurse.com.

PRESENTATIONS DELIVERED

Blad, K. (2014, March 22). Caring for our nation's veterans. Podium presentation at the American Association of Colleges of Nursing spring annual meeting, Washington, DC.

Blad, K., Jarvis, S., & **Ulberg, R.** (2014, June 21). Fundamental critical care support course. Podium presentation at the American Association of Nurse Practitioners national conference, Nashville, TN.

Corbett, C., & **Lundberg, K.** (2014, April 9). Effects of gender discrimination on the health of women in rural India. Selection and sustainability of a global health program site. Poster presentations at the Western Institute of Nursing Annual Communicating Nursing Research Conference, Seattle, WA.

de la Cruz, K. (2014, July 11). Proof in the passion. Keynote speech at Utah Valley University's Sci-Tech Expo, Orem, UT.

Edmunds, D. (2014, April 9). Collaboration in a global health program. Poster presentation at the Western Institute of Nursing Annual Communicating Nursing Research Conference, Seattle, WA.

Edmunds, D., & **Palmer, S.** (2014, April 9). Pack your bags: Shared insights of a global health program. Poster presentation at the Western Institute of Nursing Annual Communicating Nursing Research Conference, Seattle, WA.

Freeborn, D. (2014, July 24). The experiences of siblings living with a child with type 1 diabetes [Podium presentation]; Adults with type 1 diabetes: Lifetime support and management [Poster presentation]. International Nursing Research Congress, Hong Kong.

Heise, B. A. (2014, April 4). My patient died: A national study of nursing students' perceptions after experiencing a patient death. Podium presentation at the National League for Nursing/Sigma Theta Tau International Nursing Education Research Conference, Indianapolis, IN.

Jarvis, S. (2014, June 21). Chest radiology 101: It is all black and white to me. Podium presentation at the American Association of Nurse Practitioners national conference, Nashville, TN.

Lassetter, J. H. (2014, March 4). "Lead me, guide me, walk beside me": Life lessons with the Holy Ghost. Keynote speech at the Brigham Young University devotional, Provo, UT.

Lundberg, K., & **Palmer, S.** (2014, June 20). Nursing students help refugees in Utah adapt to better health and living. Podium presentation at the National Network to Eliminate Disparities North American Refugee Health Conference, Rochester, NY.

Macintosh, J. L. (2014, July 27). Undergraduate nursing students' beliefs and readiness to implement evidence-based practice. Podium presentation at the International Nursing Research Congress, Hong Kong.

Mandleco, B. L. (2014, April 9). Raising youth with type 1 diabetes and celiac disease: Parent experiences. Religiosity and sibling relationships in parents raising a child with diabetes. Poster presentations at the Western Institute of Nursing Annual Communicating Nursing Research Conference, Seattle, WA.

Merrill, K. C. (2014, May 28). Teaching QSEN through innovative class activities and assignments. Poster presentation at the Quality and Safety Education for Nurses 2014 national forum, Baltimore, MD.

Merrill, K. C. (2014, June 8). Turning your infection-prevention success into publishable research. Poster presentation at the Association for Practitioners in Infection Control annual conference, Anaheim, CA.

Mills, D. A. (2014, April 11). Facilitating students' development of care-coordination skills. Poster presentation at the Society of Pediatric Nurses annual conference, Scottsdale, AZ.

Mills, D. A. (2014, August 1). Student-led nursing grand rounds: An effective clinical teaching strategy. Podium presentation at the Pediatric Nursing Conference, National Harbor, MD.

Nuttall, C. (2014, July 11). Get to the bottom of your patient's back pain: A guide to assessment of sacroiliac joint dysfunction. Poster presentation at the National Nurse Practitioner Symposium, Keystone, CO.

Palmer, S. (2014, April 9). Assessment: An integral piece of a global health course. Poster presentation at the Western Institute of Nursing Annual Communicating Nursing Research Conference, Seattle, WA.

Palmer, S. (2014, May 10). Improving health in Ecuador: Results of anemia interventions. Poster presentation at the Consortium of Universities for Global Health 5th Annual Global Health Conference, Washington, DC.

Rasmussen, R. (2014, April 4). You flipped what? Podium presentation at the National Organization of Nurse Practitioner Faculties annual meeting, Denver, CO.

Ravert, P. (2014, June 4). Learning the Healer's art: Teaching caring in a simulated environment. Podium presentation and workshop at the 2014 UK Simulation in Nursing, Midwifery, and Allied Health Conference, Chester, UK.

Ravert, P. (2014, June 18). Town hall meeting: Are we ready for high stakes testing with simulation? Panel member presentation at the International Nursing Association for Clinical Simulation & Learning International Nursing Simulation/Learning Resource Centers Conference, Orlando, FL.

Ray, G. (2014, April 4). Anatomy Academy: The impact on student nurses. Poster presentation at the National League for Nursing/Sigma Theta Tau International Nursing Education Research Conference, Indianapolis, IN.

Ray, G. (2014, April 9). Anatomy Academy: The impact on student nurses (results). Podium presentation at the Western Institute of Nursing Annual Communicating Nursing Research Conference, Seattle, WA.

Ray, G. (2014, June 18). The magic of poverty simulation in increasing student nurse empathy. Poster presentation at the International Nursing Association for Clinical Simulation & Learning International Nursing Simulation/Learning Resource Centers Conference, Orlando, FL.

Reed, S. J. (2014, April 9). Identifying debriefing practices that contribute to student learning. Poster and podium presentations at the Western Institute of Nursing Annual Communicating Nursing Research Conference, Seattle, WA.

Reed, S. J. (2014, June 23). Blogging as a tool to increase professional development in an undergraduate nursing capstone course. The "brief" on debriefing simulation in nursing education. Podium presentations at the NETNEP International Nurse Education Conference, Noordwijkerhout, Netherlands.

Valentine, J. (2014, February 27). National Institute of Justice Sexual Assault Nurse Examiner Toolkit research, findings, and community implications. DNA training—collaborative findings between forensic nurses and forensic scientists. Podium presentations at the Utah Prosecution Council Adult Sexual Crimes Conference for Prosecutors and Law Enforcement, Sandy, UT.

Valentine, J. (2014, July 14). Organizing and transferring SANE/SAFE/SART knowledge and best practices. Podium presentation at the RTI International Forensic Technology Center of Excellence Conference, Raleigh, NC.

Wing, D. (2014, May 1). Electronic health records in simulation. Podium presentation with a high-fidelity simulation of a congestive heart failure at the Human Patient Simulation Network World Conference, Sarasota, FL.

Wing, D., & **Miles, L.** (2014, April 9). On the ground with global health courses: Logistical wisdom. Poster presentation at the Western Institute of Nursing Annual Communicating Nursing Research Conference, Seattle, WA.

HONORS

At the conclusion of the 2013–14 school year, the university identified 33 undergraduate nursing students among its top 1,500 students on campus.

CollegeAtlas.org published a list called the A-List Top Nursing School Rankings; BYU College of Nursing was ranked no. 10 (out of 1,400 schools). The criteria included NCLEX-RN exam rates (BYU's 2014 YTD is 98.3 percent), along with affordability and academic quality.

The College of Nursing recently awarded associate teaching professor **Dr. Shelly Reed** with the Dr. Elaine Dyer Research Award and assistant teaching professor **Karen de la Cruz** the Myrtie Fulton Endowed Mentorship Award.

Four College of Nursing professors received a $20,000 Mentoring Environment Grant (MEG) from the university during the past academic year: **Dr. Renea Beckstrand**, **Dr. Barbara Heise**, **Dr. Leslie Miles**, and **Ron Ulberg**.

Assistant teaching professor **Julie Valentine** received a $25,000 grant from the Utah Commission on Criminal and Juvenile Justice, funded by a U.S. Department of Justice grant. The research is to develop a collaborative statewide database linking data from the State of Utah Sexual Assault Examination Form with data from the Utah Bureau of Forensic Services (the state crime lab).

The Honor Society of Phi Kappa Phi inducted three faculty members this spring: **Karen de la Cruz**, **Dr. Peggy Anderson**, and **Dr. Karen Whitt**.

There were seven $1,500 Office of Research & Creative Activities (ORCA) grants presented to undergraduate nursing students for faculty mentoring, totaling $10,500.

Graduate students Ann Rogerson (BS '10) (with professor **Renea Beckstrand** chairing her committee) and Angela Chamberlain (with associate dean and associate professor **Dr. Mary Williams** as committee chair) received a Graduate Research Fellowship Grant from the University Office of Graduate Studies—$10,000 and $15,000 respectively.

Executive assistant to the dean **Holly Skelton** received the President's Appreciation Award from the university in August.

Assistant dean for resource management **Kathryn Whitenight** celebrated 35 years with the college in August.

APPOINTMENTS

Assistant teaching professor **Julie Valentine** was accepted as an associate member for the American Academy of Forensic Sciences, becoming one of only 30 forensic nurses in the academy, Seattle, WA, 17 February 2014.

Assistant professor **Dr. Karen Whitt** was chosen by the American Nurses Credentialing Center to be a content expert in the specialty of Advanced Genetics Nursing, Silver Spring, MD, 10 March 2014.

Assistant teaching professor **Lacey Eden** was elected secretary of the immunization special interest group for the National Association of Pediatric Nurse Practitioners and will represent this organization to the Centers for Disease Control and Prevention as they make changes to the adolescent immunization catch-up schedule, Boston, MA, 11 March 2014.

Professor **Dr. Renea Beckstrand** was asked to serve as the National Teaching Institute 2015 program planning committee chairperson for the American Association of Critical-Care Nurses, Aliso Viejo, CA, 10 April 2014.

Assistant professor **Dr. Katreena Merrill** was chosen to be a member of the task force to revise the American Nurses Association 2010 scope and standards of nursing practice, Silver Spring, MD, 7 May 2014.

Associate professor **Dr. Barbara Heise** passed the national certification exam to become a Certified Quality Improvement Associate (CQIA) through the American Society of Quality, Salt Lake City, UT, 7 June 2014.

Associate professor **Dr. Jane Lassetter** was selected to serve on the planning committee for the International Family Nursing Association's biennial conference to be held in Denmark next year.

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Through a planned gift, individuals can fulfill philanthropic goals, reduce estate taxes, and leave a legacy for the College of Nursing to support future generations of students while still retaining control of assets during their lifetime; the College of Nursing must be designated as a benefactor in your gift to the university.

"I am comforted knowing that through my planned gift, scholarship funds will be available to help nursing students yet to come," says Verna Nelson (BS '58), who has arranged a gift for the College of Nursing in her estate plans. She understands the importance of a great education and the opportunities it can bring: BYU College of Nursing gave her the ability to follow her dream of helping people.

For more information or to discuss a planned gift for the college, contact Carol Kounanis, associate director of major gifts, at 801-422-8294 or cek@byu.edu.

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