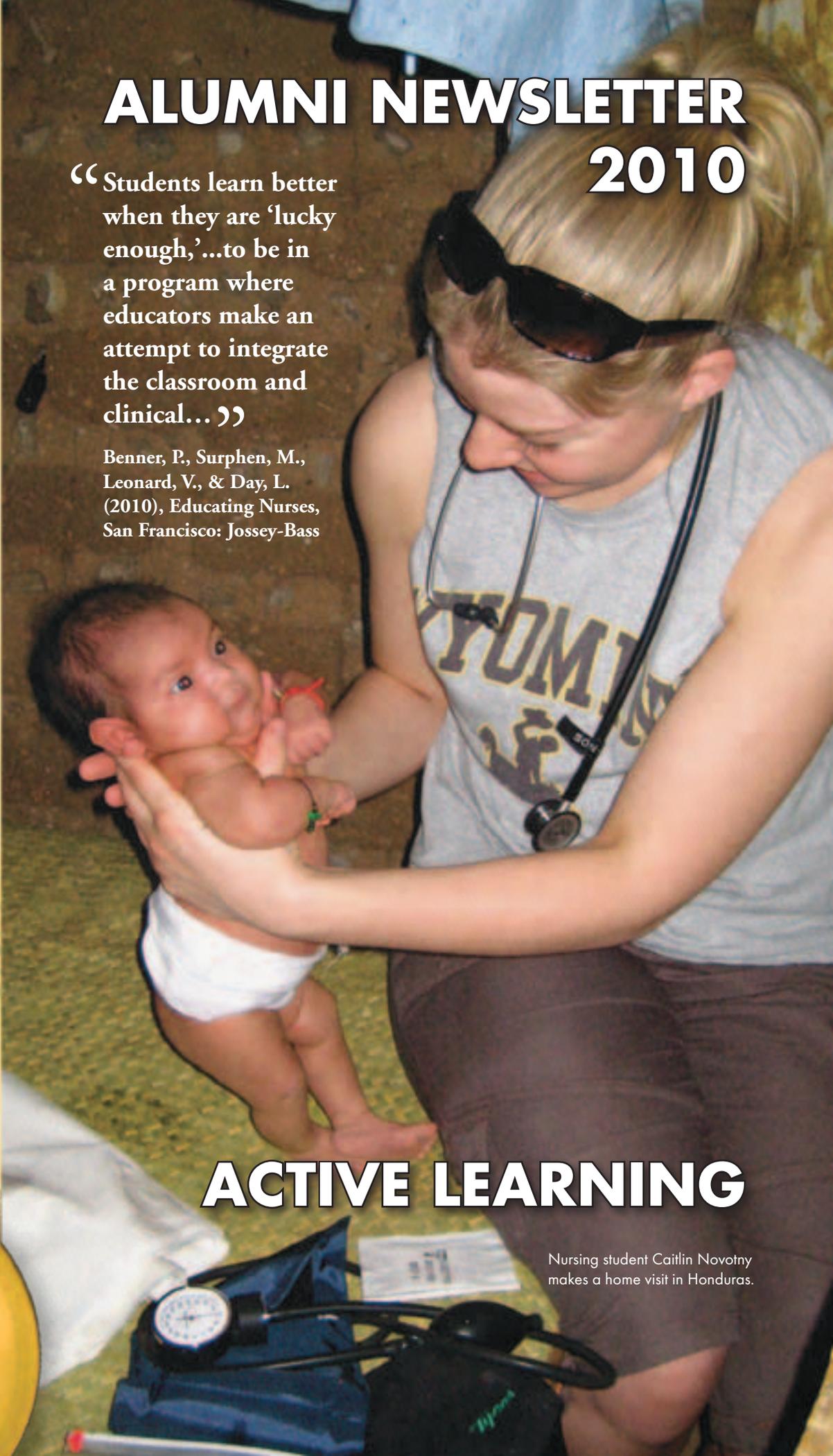


ALUMNI NEWSLETTER 2010

“Students learn better when they are ‘lucky enough,’...to be in a program where educators make an attempt to integrate the classroom and clinical...”

Benner, P., Surphen, M., Leonard, V., & Day, L. (2010), *Educating Nurses*, San Francisco: Jossey-Bass



ACTIVE LEARNING

Nursing student Caitlin Novotny makes a home visit in Honduras.

LETTER FROM THE DEAN

We are featuring one of the four broad goals from the school's academic plan in each of our annual newsletters (see box at the bottom of the page). Last year, we focused on our first goal to "Facilitate a culture of professional nursing development to meet workforce needs in Wyoming and the region." In this newsletter, we are focusing on our second goal, "Foster student learning through use of active learning pedagogies and stimulating on-line, classroom, and clinical learning environments."



Dean Mary Burman

colleagues recently released a landmark study, sponsored by the Carnegie Foundation, on nursing education called, *Educating nurses: A call for radical transformation*³. Benner and colleagues argue that because nurses care for patients in increasingly complex situations, requiring complicated diagnostic and treatment regimes, we must look closely at redesigning nursing education to meet these challenges.

Benner and colleagues recommend a variety of teaching approaches to engage students in their own learning. For example, schools of nursing should integrate clinical and classroom teaching, emphasize clinical reasoning and multiple ways of thinking, develop teaching methods that keep students focused on the patient's experience, preserve post-clinical conferences and small patient-care assignments, and introduce students to nursing early in their education.

PLAN TO FOSTER ACTIVE LEARNING

The school has taken seriously the call to engage our students in active learning, and we intend to be on the forefront of incorporating active learning into our programs. To meet this goal, faculty and staff are working on several specific action items:

1. Develop and implement a plan for incorporation of active learning pedagogies, including the newest pedagogies based on emerging technology, into Fay W. Whitney School of Nursing (FWWSON) programs.
2. Develop a plan for long-term sustainability of the Clinical Simulation Center (CSC) in order to incorporate simulation in relevant undergraduate and graduate courses.

ACTIVE LEARNING

What is "active learning"? Active learning is basically "anything that students do in a classroom other than merely passively listening to an instructor's lecture."¹ As Fedler and Brent² succinctly write, "The only way a skill is developed—skiing, cooking, writing, critical thinking, or solving thermodynamics problems—is to *practice*: try something, seeing how well or poorly it works, reflecting on how to do it differently, then trying it again and seeing if it works better."

Although Fedler and Brent were writing from the perspective of engineering education, the push towards active learning holds true for nursing. Patricia Benner and

¹ Paulson, D. R., & Faust, J. L. (no date). Active learning for the college classroom. Available on the Web at <http://www.calstatela.edu/dept/chem/chem2/Active/>

² Fedler, R. M., & Brent, R. (2003). Learning by doing. *Chemical Engineering Education*, 37(4), 282–283.

³ Benner, P., Sutphen, M., Leonard, V., & Day, L. (2009). *Educating Nurses: A Call for Radical Transformation*. San Francisco: Jossey-Bass.

FOUR BROAD GOALS FROM THE SCHOOL'S ACADEMIC PLAN

- ▶ Facilitate a culture of professional nursing development to meet workforce needs for Wyoming and the region
- ▶ Foster student learning through use of active learning pedagogies and stimulating on-line, classroom, and clinical learning environments
- ▶ Enhance community partnerships with clinical facilities and other educational institutions and businesses to provide state-of-the-art clinical education in nursing
- ▶ Expand the Nightingale Center for Nursing Scholarship (NCNS) to enhance research capacity within the FWWSN, the university, and the state, focusing on rural health and health care outcomes



Top left: The school’s third action item noted in Burman’s letter, “to enhance faculty expertise in active learning pedagogies,” prompted Holly Miller, Clinical Simulation Center (CSC) Coordinator, to hold a simulation workshop in which she placed faculty in the student role to help them use simulation more effectively in their courses. (l to r: Laura Mallett, Sherrie Rubio-Wallace, Jadrian Rawlings).

Top right: Faculty control and monitor simulation from the observation room during the simulation workshop. (l to r: Margaret Cashen, Laura Mallett, Linda Williams, Sherrie Rubio-Wallace, Jadrian Rawlings, and Holly Miller.)

3. Enhance faculty expertise in active learning pedagogies through use of faculty and other campus resources, including Ellbogen Center for Teaching and Learning.
4. Enrich the learning environment by increasing the diversity of faculty and students by strengthening faculty recruitment and retention efforts and targeted programs to attract minority students.

WHAT WE HAVE DONE SO FAR

We have made progress on all four of these actions items although early on we emphasized action item #3 as we gained expertise in active learning teaching approaches. Sue Steiner, associate dean for community and clinical affairs, organizes a monthly “Teaching Circle” in which faculty explore and evaluate ways to enhance teaching and our students’ learning. We’ve sponsored several excellent workshops that have challenged our thinking: Dr. Joseph Stepan, retired UW Education professor, worked with faculty to engage students in active learning, and Drs. Bern Melnyk and Ellen Fineout-Overholt, from Arizona State University, provided a workshop on integrating evidence-based practice into our programs. We’ve also sent faculty to a variety of professional meetings, e.g., integrating the QSEN (Quality and Safety Education in Nursing) competencies into our programs.

But our efforts thus far have not just been talk; they have stimulated a variety of changes in our programs. In this newsletter, you will learn more about what faculty and staff are doing to engage our students in active learning. You’ll hear about our use of simulation, including SimMan and standardized patients, podcasting, various on-line active learning strategies, and our integrative clinical experiences.

You’ll also hear about our work in Honduras, truly a life-changing experience for our students and a recruitment tool for faculty and students with global health interests.

These are exciting times for nursing education as we move to transform the way we teach, with the overall goal of our students becoming excellent nurses. We look forward to your thoughts and comments.

Mary E. Burman
Dean and Professor

P.S. Previous newsletters are available on the school’s Web page at uwo.edu/nursing under “Alumni.” The school’s academic plans, as well as the college’s and university plans, are available at uwo.edu/acadaffairs/plans/.

IN THIS ISSUE

LETTER FROM THE DEAN	2
ACTIVE LEARNING STRATEGIES.....	4
SCHOOL UPDATE SECTION	15
DONORS AND SCHOLARSHIPS	17
DISTINGUISHED ALUMNA	19

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ENGAGING STUDENTS IN ACTIVE LEARNING SIMULATION

Imagine walking into a large hospital ward. There are six beds in the spacious room, all occupied by patients. One patient is moaning. A health care team hovers around him, some of the members studying the computer monitor for the patient's vital signs; others are trying to calm the patient and bring him relief. Another patient lies quietly as a nurse pulls the privacy curtain and begins an I.V. All activities are normal for a hospital ward. But this scene plays out in the Clinical Simulation Center (CSC) at the University of Wyoming, the "hub of learning" at the Fay W. Whitney School of Nursing.

ACTIVE LEARNING IS THE ESSENCE OF SIMULATION

"The Clinical Simulation Center (CSC) on the third floor of the Health Sciences Center is where the students have hands-on practice and are actively learning," says Holly Miller, CSC faculty coordinator, "and that is the best way to prepare students for their clinical experiences. The simulations used in the CSC put the students in real-life situations where they can actively participate and make decisions regarding client care. After the students have performed procedures in the CSC, they feel more competent and confident in the clinical setting."

SETTING THE SCENE

Simulation facilities, in addition to the six-bed hospital ward noted above, include six exam rooms and observation rooms with one-way windows through which faculty can observe students and control the simulations. The CSC also boasts an obstetrics room, a pediatric room, an area resembling a three-bed intensive care unit (ICU), and a single hospital room devoted entirely to SimMan (a high-tech, computerized, simulated patient model). The school's facilities have greatly increased faculty's creativity in course preparation and thus have increased the active learning scenarios that help students connect theory with practice.

Clinical Simulation Center
Coordinator Holly Miller controls a
simulation from the computer while
student James Marquéz performs an
assessment on SimMan.



ALL LEVELS OF SIMULATION AND SIMULATORS

School faculty use the Simulation Learning System (SLS) from Elsevier, which provides different kinds and levels of prepared simulations to enhance the educational experience. The system includes an electronic chart on the computer for students to look up all client information, including past medical history and medications. Students then enter information into the electronic chart on the computer. Faculty also create their own simulations to meet specific educational needs.

A hospital room wouldn't be complete without patients! So the school has many simulator patient models: "Low-fidelity simulators are used for learning basic skills," says Miller; "medium-fidelity for learning basic skills and for assessment purposes; high-fidelity simulators (such as SimMan) to run simulations with students to increase their critical thinking skills." The school will soon be adding the following to the family of high-fidelity simulators:

- ▶ SimMan 3G is the updated/advanced version of SimMan and is wireless/tetherless. Faculty will be able to run several high-fidelity simulations simultaneously using both SimMan and SimMan 3G.
- ▶ Because of the limited clinical experiences and clinical sites available, high-fidelity simulators are also being added to increase maternal-child simulations. The school will obtain a NOELLE Maternal and Neonatal Birthing Simulator with Newborn Hal. NOELLE is programmable and wireless/tetherless, as is her baby Hal. She is capable of running simulations for normal pregnancy and delivery situations, as well as for complicated and high-risk situations.
- ▶ SimNewB is a neonate who can be programmed for any clinical situation.

Miller concludes, "The addition of these simulators will greatly increase the active learning opportunities for students and prepare them for the challenges ahead."

“We are fortunate as nursing students to have the opportunity to work with SimMan throughout our classroom experiences. SimMan is more complex and interactive than I ever imagined. For example, his vital signs and physical status are constantly changing and can be manipulated by an instructor to depict varying medical conditions. We are then able to perform a complete head-to-toe assessment of the patient and take necessary action. This forces us to think critically regarding signs and symptoms exhibited by the patient. Throughout the simulation, we are able to prioritize actions; effectively communicate with physicians, family members, and co-workers; and practice ways to properly respond to various scenarios. Following the simulation experience, we discuss what our team did well and areas that need improvement. Simulation allows us to integrate knowledge acquired in the classroom and apply it to a realistic situation. Classroom information is easier to understand and recall after experiencing a real-life medical scenario. Simulation enhances our clinical experience and better prepares us for effective interaction with a patient. For these reasons, I believe SimMan is an excellent component to our nursing curriculum and definitely improves our overall learning experience.”

—Erin Lane, senior nursing student

“SimMan is more complex and interactive than I ever imagined,” says Erin Lane, senior nursing student (pictured).



ENGAGING STUDENTS IN ACTIVE LEARNING STANDARDIZED PATIENTS

This time, imagine walking into an exam room. You sit up on the exam table to await a nurse who will interview you and discuss your concerns. But you aren't feeling poorly. Instead, you are running through your mind what you need to do to SEEM like you are feeling poorly! You have been trained in a scenario and are told what your illness or maladies and symptoms are to be. You have rehearsed your part well to portray a "standardized patient" for the benefit of nurse practitioner students.

FAMILIAR BUT EFFECTIVE STRATEGIES

Although "active learning" and "standardized patients" seem like new strategies and ideas, the FWWSO has been using standardized patients (SP) for active learning experiences in nurse practitioner (NP) education for the past 10 years. Both family nurse practitioner (FNP) and psychiatric mental health nurse practitioner (PMHNP) students benefit from SP scenarios, which are simulated encounters between the NP students and actors or actresses who have been trained to be patients. (The actors and actresses are UW Theatre students, undergraduate nursing students, or helpful Laramie citizens.) "The encounters help faculty understand where students are in their clinical learning," says Ann Marie Hart, coordinator of the nurse practitioner program, "and the feedback students receive is invaluable as they develop and refine their advanced practice skills."

SP EXPERIENCES FOR EACH CLINICAL COURSE IN THE PROGRAM

Students initially experience encounters that focus on diagnostic decision making and therapeutic communication. Later in the program, encounters deal with health promotion and disease prevention and sharing bad news, as well as managing acute, chronic, and emergent conditions (for example, a patient with an impending heart attack or active suicidal thoughts).

As a result of the PMHNP program's collaboration with the University of Colorado's (CU) PMHNP program, UW's PMHNP students also experience SPs at the Cape Center on the CU campus in Denver. The Cape Center provides SP experiences for all of the health profession students on the CU campus and is a state-of-the-art facility.

Bottom left: SP experiences take place in one or more of the six exam rooms in the school of nursing. Each of these rooms is equipped with standard exam room equipment, as well as several wall-mounted video cameras, microphones, and two-way mirrors.

Bottom right: As NP students interact with the SPs, the scenarios are observed by faculty members who are seated on the other side of the two-way mirror and/or digitally video recorded and reviewed later. Students then receive feedback from faculty and/or other students regarding their performance and are able to review their own session. [pictured, NP faculty coordinator Ann Marie Hart observes through the two-way mirror while an NP student performs an assessment on an SP.]





Pictured l to r: Jadrian Rawlings, SP Ashley Howe (also an FNP student), and faculty Ann Marie Hart.

“Working with the standardized patients helps me improve my technique and flow of care without the pressure and expectations of working with real clients. I get instructor feedback and am able to reflect on the encounter in order to better my skills; standardized patients are a fantastic learning tool that provides valuable information that would be difficult to get elsewhere.”

—Jadrian Rawlings, RN
Family nurse practitioner student

ANONYMOUS STUDENT FEEDBACK FOLLOWING SP ENCOUNTERS

I like being put in a situation where I don't know what to expect next. I don't ever feel like I do well in standardized patient scenarios, but I feel like I learn so much afterwards. I review what I did and realize what I didn't do and will be better prepared the next time.

SPs force us to incorporate what we have learned in coursework into actual practice or “real-life” scenarios. They help me see where I am at as far as my ability to think on my feet, and to base my history, interview, and exam on what I learn from the patient as I go.

Personally—I LOVE the SPs—they can be nerve wracking, but they help me really think through interviews.

What I like best about SP scenarios is the time **after** the SP interview, when we can sit back and evaluate how we did and what should be done to do better next time. The feedback from both the professor and the actor is good.

ENGAGING STUDENTS IN ACTIVE LEARNING INTEGRATIVE CLINICAL EXPERIENCES

No more need to “imagine” or use role-playing or simulation. Those experiences early in the nursing program were preparatory for the “real thing”—integrative clinical experiences, where students are placed in real clinicals with real patients.

THE ULTIMATE ACTIVE LEARNING EXPERIENCE IN NURSING SCHOOL

“Nursing school in itself is a learning experience,” says senior residency faculty coordinator Laura Mallett, “but the senior nursing students during their last semester take on an adventure to put everything they have learned in school to the test. The senior residency (a full semester senior capstone course) is the last class they take prior to graduating with a bachelor’s degree in nursing.” “Our program at FWWSO is unique in that we get to spend over 500 hours in the hospital setting and really have a chance to learn what it’s like to be a nurse in the real world before graduation,” says 2010 graduate Alicia Grove. Mallett offers the specifics: “Our students complete 544 clinical hours. 516 hours are in the clinical area with a preceptor; 12 in the concentrated lab area reviewing skills; and 12 in seminar, during which students present to their peers a case study on a client they have cared for during the semester.”

STUDENTS CHOOSE SPECIALTY AREA IMMERSION EXPERIENCE

Students can choose one specialty area for one-half of the clinical experience; the other half is completed in a medical- surgical area of the hospital. Choices include surgical rotations, labor and delivery, intensive care units, neonatal units, oncology units, and emergency departments. Each student is matched with a registered nurse (RN) preceptor in a Wyoming, Colorado, or Nebraska hospital.

BENEFITS FOR STUDENTS AND SITES

“All parties involved realize that this [active learning] experience is not only beneficial to the students,” says Mallett, “but to the agencies. As a result of this capstone experience, students are hired by many of these hospitals.”



Stacy Orbell, RN and 2010 BSN graduate says, “I feel that my residency is the reason why I’m working where I am today!”

“I sought residency placement in Laramie because I was hoping to work at Iverson upon graduation. I had also completed a summer externship in the pre-op area of the surgery center the previous summer and absolutely fell in love with it; I knew it was a place I wanted to work! So when it came time for senior residency requests, there was no doubt as to my preference.

Beginning the transition from student to nurse with my preceptor's help, I took care of patients just like she would, but with the safety net of knowing she would intervene if I were doing something wrong. I had the most invaluable resource available to me at all times—a nurse with 30 plus years of clinical experience. If a unique opportunity arose, my preceptor made sure I was in on all the action. We often discussed my residency goals, reviewing new concepts and possibilities for learning so that my residency could be the best experience possible.

Starting the residency I was very nervous, but I knew that this was normal and that my theory and clinical courses would finally tie together. My courses prepared me with a broad knowledge of nursing practice, so when it came time for me to act as a nurse in residency, I could draw from a basic knowledge base. But nothing can really prepare you to be a real nurse aside from practice as a real nurse!

After completing my time in residency, I knew most of the ins and outs of the surgery center. I feel the time the nurses invested in me came into play when I applied for the job right back in my residency specialty because not only was I enthusiastic about perioperative nursing, I knew what to expect from the job, I knew my coworkers, and therefore



did not have the fear of the unknown about my first real job as a nurse. I feel that my residency is the reason I'm working where I am today! ”

—Staci Orbell, RN (Basic BSN 2010 graduate)



“I had been looking forward to my senior residency before I had even been accepted into nursing school, and can say that it was really the capstone of my nursing education.”

—Alicia Grove, RN (Basic BSN 2010 graduate)

“I had been looking forward to my senior residency before I had even been accepted into nursing school and can say that it was really the capstone of my nursing education... I chose to go to Englewood, CO, and work at Swedish Medical Center for my residency. Being from a small town in Wyoming, I was used to our extremely critical patients being sent out to a trauma center in either Denver or Salt Lake; and being at Swedish, I had the chance to be on the receiving end of those patients! I learned a great deal about developing competence and confidence in planning care for critical patients. Additionally, upon my placement in the operating room, I was able to participate in several surgeries, including brain aneurysm evacuation, open heart valve replacement, and DaVinci Robot-assisted surgeries to name just a few! I am thankful that our UW faculty coordinator, Laura Mallett, was willing to put in the extra effort to place me at this facility, and I honestly could not have asked for a better residency experience! ”

—Alicia Grove, RN (Basic BSN 2010 graduate)

ENGAGING STUDENTS IN ACTIVE LEARNING

HONDURAS EXPERIENCE

The Honduras experience is an integrative clinical experience that goes beyond role-playing or simulation. This time, the real patients are in a different country, the real “clinic” is primitive, and available resources are seriously limited, causing students and faculty alike to use critical thinking and creativity to meet the villagers’ needs. This experience takes the “Professional Roles” course content a step further, adding a unique international perspective.

A CLINICAL IMMERSION EXPERIENCE SET IN HONDURAS

“Spending time in a place where life seems so precarious and where the needs of people are huge—almost beyond comprehension—challenges worldviews and social norms,” says Penelope Caldwell, faculty organizer and coordinator of the Honduras experience. “Students are forced to adopt local daily rhythms..., to keep in step with the lives of the villagers, to confront language barriers..., and as a result, often experience a perceived personal transformation, evident by student’s testaments”:

I feel that through this experience I have been able to become a better nurse and person. The people we had the opportunity to help and work with inspired me to do everything I can in my future career to help those who need help. Besides gaining experience related to

my career, this trip has opened my eyes to how those in other parts of the world live from day to day. It has made me thankful for all the luxuries we have here, but also made me realize how much we could live without.

ACTIVE LEARNING IN TEAMS

Honduras is the perfect setting for students from many disciplines to explore international health care through active learning. This immersion experience is a 10-day health care mission to a rural area in Honduras called Agua Salada. A brigade of University of Wyoming students, faculty, doctors, nurses, and other professionals provide health care services to this community that otherwise has no health care. “Our team members have come from nursing, medicine, pharmacy, and international studies and have included community members such as firemen



Instructor Linda Johnson (r) observes while UW nursing student Ashley Knight assesses the health of a child in Honduras.

and geologists among others,” says Caldwell. “Our future teams will include policemen, engineers, students from architectural engineering, a dentist, and a photographer. All are welcome to come and be inspired.”

THE HONDURAS EXPERIENCE ADDRESSES ACTIVE LEARNING STRATEGIES

The Honduras immersion experience offered by the College of Health Sciences addresses all of the active learning strategies agreed upon by educators: Students must do more than just listen; they must read, write, and engage in discussions and problem solving. “They need to be doing things and thinking about what they are doing,” quotes Caldwell from the Bonwell and Eison book *Active Learning: Creating Excitement in the Classroom*.

Students can now take a senior level 3-credit course (NURS 4792). Caldwell describes the three-part course:

► Preparation for the trip

The course combines readings and lectures with discussions engaging students in comparing and

contrasting our health care system with other systems, particularly those in developing countries.

► On the trip

Once on the ground in Honduras, through journaling and self-reflection, students begin to analyze their own expectations, personal intentions, and the roles they play as part of a team providing health care in rural Honduras. This requires higher levels of synthesis to fully understand what they are doing, why they do what they do, and how they do it. Students begin questioning assumptions, beliefs, and values and consider multiple points of view, while always seeking to verify reasoning. Ethical principles of international health care form the foundation from which students can critically construct personal opinion while contemplating international perspectives.

► Returning from Honduras

On return from the trip, students evaluate how these activities impacted the community, both short and long term, and what impact the immersion experience had on them as individuals.

The opportunity to travel to Honduras presents invaluable lessons for the nursing students and other brigade participants. Basic BSN 2010 graduate Ashley Lair (pictured, right) elaborates: “In Honduras, many of the resources that we are used to having at our disposal on a daily basis in health care facilities in the United States simply are not an option. This lack of resources requires doctors, nurses, and other supportive volunteers to think creatively about how to provide the best care possible for our patients. For our trip, this involved splinting a broken arm with bamboo and giving the sandals off the feet of one of our volunteers to a patient who had just had an ingrown toenail removed.”

Her own personal lesson, Lair says, “was a reinforcement of what is at the core of our profession—service. As nurses we serve those in need of health care, regardless of who they are, what they have, or what they do not have.” Lair says that the trip to Honduras opened her mind to envision all the different places this kind of selfless service and nursing can take her. She looks forward to embracing the opportunities, life experiences, and personal growth awaiting her. Says Lair, “For me, nursing is taking me back to Honduras.”

After graduating from the school’s Basic BSN program in May 2010, Ashley Lair departed from the United States in August as a volunteer for “Shoulder to Shoulder” and is now working as an RN in a rural clinic and travels with volunteer brigades—in Honduras! She reports of her current assignment, “The goal is for me to... be delivering babies, stitching people up, etc. and hopefully setting a good example for the nurses who are already here working. My favorite part of being here is definitely going out into the community... We have been checking vaccination cards, visiting with locals, collecting larvae samples, and educating locals about dengue fever. These visits to communities start and end with a ride in the back of a truck up and down ridiculously rough roads with beautiful views of green mountains and valleys, during which I always think ‘welcome to my office.’”



Ashley Lair (right) used her nursing skills as well as her fluency in Spanish as a member of the UW brigade to Honduras.

—Ashley Lair, RN (Basic BSN 2010 graduate)

ENGAGING STUDENTS IN ACTIVE LEARNING

PODCASTING

BRAND 2009 graduate Chelsea Prestenbach remembers driving hours to clinical sites during that whirlwind program. Her mind was filled from all the reading she had been assigned. It was difficult to bring it all together to make everything cohere and thus solidify concepts. Hoping for guidance, she put on her ear phones to listen to what her instructor Kristy Nielson had called “Podcasts”...

HOW PODCASTING CAME ABOUT

One day as Kristy Nielson, BRAND faculty member, was driving back to Rock Springs from a clinical week in Jackson, she was concerned about the incredible amount of study time lost in travelling. BRAND (Bachelor’s Reach for Accelerated Nursing Degree) is for students with a non-nursing bachelor’s or higher degree. Although classes are delivered online or by video, BRAND uses hospitals and other health care agencies across Wyoming for clinical rotations. The result is a unique academic nursing program that requires a great deal of travel for students and faculty. Nielson remembered studying for certification exams by listening to tapes during trips to and from work. So she contacted Christi Boggs in UW Outreach Information Technology for help in creating podcasts, a series of digital audio files that can be downloaded from the Web to a computer, iPod, or MP3 player.

DEVELOPMENT OF UNIQUE BROADCASTS

Initially, Nielson’s podcasts reviewed key points in the acute care theory text, “but the popularity of the broadcasts came while I was in clinical practice at the hospital,” Kristy notes. “A patient was experiencing the epitome of

the theory content I had just reviewed with the students; the diagnoses, assessment, treatment, and complications mimicked almost exactly what I had just taught in class.” Wishing the students were there, she decided to podcast about the experience. “I described what happened, reviewing the pathophysiology of the patient’s medical condition and medications administered—all of which they had just learned.” Students were thrilled with the broadcast. Nielson then podcast on every area of content where she could share a real patient situation. “Podcasts were a huge asset to the BRAND’s course material,” says Chelsea Prestenbach. “Kristy would address the main concepts of anatomy and physiology to set a foundation of learning. Building up, she would discuss the organ process, often with an analogy. The analogy was then followed by a personal clinical case study of a patient Kristy had personally taken care of. Each podcast made me say ‘Ah-Ha’ afterward!”



“Podcasts were very instrumental in my success with a nursing program that was advanced, fast paced, and heavily rooted in reading.”

—Chelsea Prestenbach

Kristy Nielson (l), Christi Boggs (r). Boggs explains the software program Nielson uses to create her podcasts.



ENGAGING STUDENTS IN ACTIVE LEARNING

COURSE CONTENT

At the 2009 Fay W. Whitney School of Nursing fall retreat, faculty and staff had the privilege of learning about the Conceptual Change Model (CCM) from Joseph Stepan, PhD, UW Professor Emeritus in Secondary Education. Inspired by Stepan's presentation, instructors Penelope Caldwell and Mary Anne Purtzer infused the model into their course.

PROFESSIONAL ROLES COURSE AND CCM

The Professional Roles class weaves together four concepts: nursing roles, history, theory, and ethics. The course goal is to bring students to a personal philosophy of nursing and a deep understanding of the ethical decision-making process by passing through six phases of CCM:

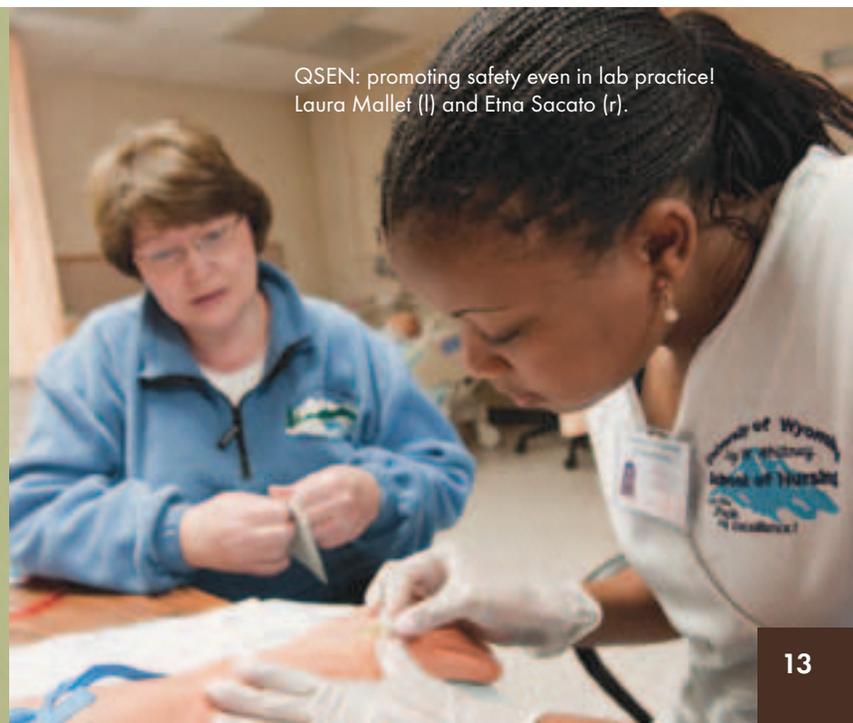
- ▶ **Phase 1:** *students ponder a question or problem posed (designed to challenge perceptions of a specific concept) and commit to an answer/solution.* "They are expected to learn (1) that becoming a nurse is a process of personal growth related to core values of self and the nursing profession, (b) what nurses really do and how they think, and (c) connections between these elements," says Mary Ann Purtzer. So students were challenged with questions such as: What do you value most? What experiences led you to pursue nursing? What do you think nurses really do?"

- ▶ **Phase 2:** *students share their responses with a peer and explain their rationale.*
- ▶ **Phases 3 and 4:** *faculty-facilitated discussions expose alternative ideas, or validate existing ideas.*
- ▶ **Phase 5:** *additional resources help students apply the new concept and foster knowledge construction.* They complete assigned readings, literature searches, and group assignments, and also benefit from discussions with outside individuals. For example, they study Florence Nightingale to understand the importance of theory to nursing. Exposed to her contributions to nursing and view of the nurse's role, they then explore the advancement of nursing, and discuss what can be applied to nursing today.
- ▶ **Phase 6:** *the course culminates with new questions and ideas crafted by students, beginning a new cycle of the process.* "A culminating project in this class, *The Personal Philosophy of Nursing* paper," says Purtzer, "offered an experience of critical self-reflection regarding how experiences, expertise, personal and professional values, and sense of identity may affect the ability to act within nursing roles."

"Student engagement was high using the CCM throughout the course. "It was very rewarding for Penelope and me to witness the evolving process as students got outside their own thoughts to consider another's viewpoint," states Purtzer.

QSEN

Nursing faculty participate in trainings to keep abreast of the most recent developments in many areas in order to keep our nursing education on the cutting edge of research and scientific discovery. Two of our faculty, Laura Mallett and Kristy Nielsen, participated in the Quality and Safety Education for Nurses (QSEN) conference and critically assessed our curriculum to make sure we include important teaching about patient safety and quality. They brought back many case studies that are now incorporated into courses.



QSEN: promoting safety even in lab practice!
Laura Mallett (l) and Etna Sacato (r).

ENGAGING STUDENTS IN ACTIVE LEARNING IN ONLINE CLASSES

EVIDENCE-BASED PRACTICE

RN/BSN Completion students arrive at the online classroom with diverse levels of computer and internet skills, ages, and years of nursing experiences. But the one common denominator shared by all is a desire to provide the best patient care. “In today’s health care world,” says Karen Benjamin, RN/BSN instructor, “that means an evidence-based practice (EBP). The online classroom is the perfect training ground for developing EBP skills.”

EVIDENCE-BASED PRACTICE DEFINED

“Having an EBP means that you know how to find, understand, and apply current nursing research findings that lead to best possible patient outcomes,” says Benjamin, “and that knowledge and ability is essential for all nurses today,” says Benjamin.

ACKNOWLEDGING THE PROBLEM

The problem is how to discern what health information is reliable, valid, and appropriate. So our students participate in a “hands on” online learning activity called “TIP” (Tutorial on Information Power), which walks them through the process of investigating, locating, evaluating, and utilizing information. Building on the skills developed from the TIP tutorial, students collaborate with UW reference librarians, Cass Kvenild and Jenny Garcia, who serve as

guest faculty integrated into the “Evidence-Based Nursing for the RN” course discussions. They provide expertise on developing health information literacy abilities. At the end of this course, students submit a paper and PowerPoint presentation outlining a plan for changing nursing practice based on recommendations supported by research findings.

NEW EBP NURSING LEADERS

UW RN-BSN graduates are the new nursing leaders for EBP wherever their career path leads. Current RN/BSN Completion student MaryBeth English, who has been in the nursing profession for 36 years, no longer assesses patients on the basis of past experience and knowledge. “In seeking my bachelor’s degree in nursing online, I have learned to open my mind to new concepts and ideas drawn from the firm foundation of evidence-based knowledge, allowing me to apply critical thinking skills to health care situations.”

“Developing knowledge that is to be used in a complex, high-stakes practice, such as nursing, calls for an ongoing dialogue between information and practice, between the particular and the general, so that students build an evidence base of care and thus learn to make decisions about appropriate interventions for the particular patient” (pg. 14) [Benner, P., Surphen, M., Leonard, V., & Day, L. (2010). *Educating Nurses*. San Francisco: Jossey-Bass.]



Bernadette Melnyk (left), dean of Arizona State University College of Nursing, and Ellen Fineout-Overholt (right), clinical professor from ASU, led workshops to prepare UW nursing faculty in teaching Evidence-Based Practice.



FACULTY PUBLICATIONS AND GRANTS

GRANTS

Bowen, A (2009-2012)

- ▶ “Wyoming Addicts Recover with a Microfinance (WARM) Program.” DOJ \$75,000
- ▶ “Identifying Needs and Gaps in Transitional Services for Wyoming’s Recovering Addicts.” DOJ \$50,000

Burman, M (10/09-6/11)

- ▶ *Nursing Workforce Project of Wyoming: Industry Partnership Project.* Project funded by the Wyoming Workforce Development Council and Department of Workforce Services, \$280,000.

Clarke, P (2009)

- ▶ “Educating first responders in energy impacted communities.” School of Energy Resources, \$125,000 funded. Co-investigator with Suzanne Clark

Purtzer, MA (2009)

- ▶ Seed Grant: UW College of Health Sciences. \$7,000 Research

PUBLICATIONS

- ▶ Brown, J, **Hart, AM**, & **Burman, ME** (2009). A day in the life of rural advanced practice nurses. *Journal for Nurse Practitioners*, 5, 108-114.
- ▶ **Burman, ME**, **Hart, AM**, Conley, V, Brown, J, Sherard, P & **Clarke, P** (2009). Reconceptualizing the core of nurse practitioners education and practice. *Journal of the American Academy of Nurse Practitioners*, 21, 11-17.
- ▶ **Clarke, PN**, Watson, J, & Brewer, BB (2009). From theory to practice: caring science according to Watson and Brewer. *Nursing Science Quarterly*, 22(4), 339-345.
- ▶ **Diaz Swearingen, C** & Hayes, J (2009). Faculty Advising in Nursing Education: Necessary Evil or Opportunity for Excellence? *International Journal of Nursing Education Scholarship*: 6(1), Article 29.
- ▶ **Diaz Swearingen, C** (2009). Using nursing perspectives to inform public health nursing workforce development. *Public Health Nursing*, 26 (1), 79-87.
- ▶ **Hart, AM** (2009). Treatment strategies for cough illnesses in adults. *The Nurse Practitioner*, 34, 27-34.
- ▶ **Larsen, P** & Lubkin, I (Eds.) (2009). *Chronic illness: Impact and interventions* (7th ed.) Sudbury, MA: Jones & Bartlett.
- ▶ **Larsen, P**, & **Mallatt, L**. (in press) Gastrointestinal symptoms. In M. Matzo & D. Sherman (Eds.) *Palliative care nursing: Quality care to the end of life* (3rd ed.).
- ▶ **Purtzer, MA** (2009). “Processes Inherent in Mammography-Screening Decisions of Rarely or Never-Screened Women” *Western Journal of Nursing Research Online First*.



Former nursing Dean and Professor Emerita Marcia Dale (left) presents a copy of her recently published book, *Climbing the Peak*, to Dean Burman. The book is an enjoyable read that covers the first 50 years of the University of Wyoming School of Nursing. If you are interested in purchasing a copy, you can send Dr. Dale a check for \$15 to 827 Evergreen Street, Cheyenne, WY 82009.



Pamala Larsen’s 7th edition of *Chronic Illness: Impact and Intervention* won the American Journal of Nursing Book of the Year Award as one of the most valuable texts for 2010

FACULTY, STAFF, AND STUDENT AWARDS

FACULTY AWARDS

- ▶ Penelope Caldwell, RN, MS, CNM: CHS 2010 Meritorious Service Award
- ▶ Linda Johnson, MS, RN, FNP: 2010 CHS Outstanding Teacher
- ▶ Mary Anne Purtzer, PhD, RN: FWWSON 2010 Communication of Wisdom Award
- ▶ Ann Marie Hart, PhD, RN, FNP, BC: AANP State of Wyoming Award for Excellence
- ▶ Pamala Larsen, PhD, CRRN, FNGNA: American Journal of Nursing Book of the Year

STAFF AWARDS

- ▶ Joan Ryan, former FWWSON Business Manager: CHS Lifetime Achievement Award
- ▶ Debbie Shoefelt, nursing advisor/credentials analyst: 30 years of service to UW

STUDENT AWARDS

- ▶ UW Student Nurses Association: National SNA grand prize “Winner’s Way Award”
- ▶ Student Convocation Awards May 8, 2010
163 graduates were honored: 47 Basic BSN, 28 BRAND, 57 RN/BSN Completion, 10 MS Nurse Educator, 13 MS Family Nurse Practitioner (FNP), and 8 MS Psychiatric Mental Health Nurse Practitioner (PMHNP). Awards were presented at the ceremony as follows:

Basic BSN student awards

- Alicia Grove: Rudolph “Rudy” and Louise Anselmi and Jeri Kirk Family Trust Nursing Scholarship, *leadership and responsibility*
- Jessica Sebastian MacNaughton: Amelia Leino Memorial Award, *outstanding in family nursing*
- Ashley Lair: Gertrude Gould Lindsay Memorial Award, *excellence in public health nursing practice*
- Emily Kritzler: Dorothy Tupper Memorial Award, *caring, compassion, and interpersonal communications*
- Angela George: Lina Kennedy White Memorial Award, *interest in and aptitude for geriatric nursing*
- Judene Rohde: Beverly McDermott Award, *leadership and political activism*
- Michelle Lynch: SoN Spirit Award, *exceptional spirit and enthusiasm*

Accelerated BSN student awards

- Sylvia Jones: “Passion for Nursing” Award, *devotion, allegiance, and commitment to profession of nursing*

RN/BSN student awards

- Daniel Wade: Professional Nurse Award, *practice, community service, and professional service*
- Sarah Cukale-Matos: Making A Difference in WY’s Health Award, *WY RN/BSN Completion student with demonstrated commitment to continued education and excellence in nursing practice*

MS student awards

- Ann Rigdon: Courage to Teach Award, *personification of a critically reflective attitude about learning and teaching*
- Christy Green: Alpha Pi Chapter of Sigma Theta Tau Award, *exemplary rural practice*
- Susan Vickous: Carol Macnee Scholarship Award, *excellence in scholarship and/or research*
- Caitlin Vasquez: Susan McCabe Psychiatric/Mental Health Graduate Award, *academic excellence, passion for knowledge, and superior clinical practice*

NEW FACULTY/STAFF

Please visit our “New Faculty/Staff Highlight” page on the Web to get acquainted with new faculty and staff members. Go to www.uwyo.edu/nursing. Click on “Faculty/Staff” in the horizontal button bar beneath the nursing banner.

New full-time faculty: Jenifer Thomas earned her Ph.D. in applied social psychology with a health emphasis; Anne Bowen, Ph.D., professor of psychology, was hired last year as coordinator for the Nightingale Center for Nursing Scholarship and this year has joined our full-time faculty; Susan Christman, MS, RN, APHN-BC, returned to full-time teaching for our school in both the BRAND and RN/BSN Completion programs. New part-time faculty: Candy Stidolph, RN, MSN, teaches for the RN/BSN Completion program; Connie Coleman, MSN, RN, CMSRN, is a new partnership faculty for BRAND from Wyoming Medical Center; Alicia LePard, APRN, MSN, CDE, BC-ADM, ACNP is new part-time adjunct faculty for BRAND at Gillette, Wyoming. New staff: Denise Gable, MPA, is the new business manager for the school.

JOAN RYAN RETIRES

After 26 years of service to the University of Wyoming Fay W. Whitney School of Nursing, Joan Ryan has retired from her position as business manager. Generated by multiple letters of support from administrators, faculty, staff, and students, Ryan’s career was recognized with a lifetime achievement award at the College of Health Sciences Commencement in May. More at “Faculty/Staff” on the school’s Web site.

LIST OF DONORS

The faculty, staff, and students are grateful to the many who have donated generously to scholarships, equipment, and the dean's discretionary fund. Donor support of the school enriches our program, supports students and school projects, and enables us to reach out to the state of Wyoming.

Carol Aamold
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Elizabeth Wiest
Douglas Williams
Mary Yeik

SCHOLARSHIP AWARDS FOR THE 2010-2011 ACADEMIC YEAR

Many thanks to our generous donors for continuing their support of nursing education through scholarships:

Accelerated Nursing B.S.N. Track Scholarship

Crystal Thomason

Rudolph "Rudy" & Louise Anselmi & Jeri Kirk Family Trust Nursing Scholarship

Nicole Cova

Polly Chase Memorial Scholarship

Colby Butler, Vanda Cathly, Cari Dittus, Melanie Kawulok,
Meghan O'Mara, Jennifer Paxton, Geneva Schueler

Marcia L. & William G. Dale Nursing Scholarship

Mary Abigail Washington

Frank R. and Dorothy M. Gruden Scholarship in Nursing for Sophomore, Junior, Senior

Chelsea Carter, Frank Vitale

Robert Wood Johnson New Careers in Nursing Scholarship

Rachel Gannon, James Montana, Daniel Shinn, Walter
Randall Wall, Teresa Wright, Matthew Wright

Tracey L. Jones Scholarship

Danielle Gifford

Mildred Agnes Kimball and Adele Colling Memorial Scholarship

LaNona Rezac

John V. Leino Memorial Nursing Scholarship

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Gertrude Gould Lindsay Scholarship

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Emily Clasen, Kimberly Zeitner

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Jamie Graham

Bonnie M. and George E. Nugent Nursing Scholarship
Emily Bodner

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Kylie Hawes, Emily Kritzler, Amanda Molski

Pearl Crossley O'Kieffe Memorial Scholarship
Lilian Ogana

Jana Leigh Pruitt Memorial Scholarship
Sarah TenBraak

Charles and Ruth Rile Scholarship CHS Scholarship
Tanya Weber

Mabel G. Sargent Scholarship
Lauren Armstrong, Danielle Bamberg, Jacob Peterson,
Brittany Phillip, Lauren Schlotthauer, Callie Sockler

Paul Stock Scholarship
Sabra Hoffman

Dorothy Tupper Nursing Scholarship
Frank Vitale, Angela Carlow, Hannah Schneider

Clayton Unger Endowed Nursing Scholarship
Corrie Kennedy

Sonja Wenger Nursing Scholarship
Lauren Dempsey, Laura Hazel, Margaret Molloy, Erin
Soderberg, Ashley Feerer, Megan Roberts, Nellie Simon,
Kristine Sorensen, Audry Van Houweling

Wiest Nursing Scholarship
Nicole Giraldo

Wyoming Loan Scholarships (WYIN) for 2009–10 for
undergraduates in the nursing major and graduate students in
the Psychiatric Mental Health Nurse Practitioner Option
Approximately 25 students have taken advantage of
these programs that will benefit the state of Wyoming
by providing health care providers and the students with
educational funding.

BRAND Loan Scholarships for 2009–2010
Nine undergraduate students in the accelerated program
(BRAND) were awarded the \$25,000 loan.

Scholarship funds to support relocation for the Senior Residency
Transition Practicum Scholarship for 2009–2010 Senior
Residency donated by Albert and Carolyn (Mortimer, '58)
Carollo, Jr. and Mr. William Dale & Dr. Marcia Dale
(Bradley, '60): Eighteen students received assistance with
relocation costs.

WHY PEOPLE AND ORGANIZATIONS FUND SCHOLARSHIPS

People contribute to scholarships for various reasons. Some desire to encourage future nursing students. Some received wonderful nursing care when they or a loved one became ill. And some wish to honor a special person such as Tracey L. Jones. Tracey was in her last year of the master's nurse practitioner program when she was killed in a car accident. Her family established a scholarship in honor of her passion for pediatric nursing, trauma, and education.

Danielle Gifford is this year's recipient of this special scholarship. "Without scholarship patrons there would be many students who would be unable to pursue the career of their dreams," says Gifford. "I am honored to be a recipient of the Tracey L. Jones Scholarship. The support has aided me in achieving my academic goals, and has put me one step closer to becoming a nurse."

Please consider financial support for tomorrow's leaders. A donation form can be found on the back cover. Thank you for supporting our students!



After going to Uganda, Africa, with Nurses Christian Fellowship last summer, Danielle Gifford dreams of having a career in short-term missionary nursing.

2010 DISTINGUISHED ALUMNA

Read the full story on our site: www.uwyo.edu/nursing/alumni.

At the convocation ceremonies in May, the school named Pamela Groshart Lewis-O'Connor (BSN '71) 2010 Distinguished Alumna. Lewis-O'Connor was the project director of Idaho, Wyoming, and Montana Mountain States Regional Medical Program. In that position she educated 100 medical doctors and 250 registered nurses, who in turn worked with 2,500 women in 50 clinics. When that project ended, Lewis-O'Connor became the public education director of the Idaho division of the American Cancer Society. Before she retired, she spent 20 years working as an infection control nurse for the Veteran's Administration (VA). After retiring from the VA, Lewis-O'Connor started Infection Prevention and Control Consultants, LLC.

Lewis-O'Connor earned a master of health science degree from Boise State University in 2003 and has been certified in infection control (CIC) since 1992. She has published several reports and presented to the Annual Education Conference of the Infection Control Nurses Association of the United Kingdom in Brighton, England.



Pamela Lewis-O'Connor speaks at the Nursing Convocation after receiving the 2010 Distinguished Alumna award.

CALL FOR NOMINATIONS FOR 2011 DISTINGUISHED ALUMNI

Please consider submitting a nomination for the 2011 Distinguished Alumni Award. Submit online at: www.uwyo.edu/nursing/alumni. Click on "Distinguished Alumni Nomination Form." Deadline: February 1, 2011.

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N11NU

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Persons seeking admission, employment, or access to programs of the University of Wyoming shall be considered without regard to race, color, religion, sex, national origin, disability, age, veteran status, sexual orientation, or political belief.



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introduce active learning!

WYOALUMNI: A NEW WAY FOR ALUMNI AND FRIENDS TO CONNECT WITH UW

This October, the University of Wyoming launched a new online community and social networking tool to connect alumni, friends, and donors with UW. It's called WyoAlumni, and it provides enhanced social and career networking, an interactive alumni directory, event management, and secure e-commerce for membership renewals and online donations. To learn more about WyoAlumni, visit <http://wyoalumni.uwyo.edu>.