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FALL 2019

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A Seat at the Table

Loma Linda University School of Nursing alumni share in a candid conversation about what it means to be a nurse in a field that offers many diverse paths.



LOMA LINDA
UNIVERSITY

School of Nursing



I soon realized that the combination of nursing, working with children and teaching fit all the areas I was drawn toward back in high school! My path as a member of the LLUSN faculty team has shifted over the years, bringing me into my current administrative role, and while we can't always predict the direction life will take

our nursing journey, I am grateful for the route God took my life in getting here.

These professional decisions have shaped our lives—from the timing of your daily schedule to shaping your knowledge and skills for use in assessing and caring for the amazing variety of human needs that nurses encounter every day.

In this issue of *Loma Linda Nurse* you will read the stories of the roads that a number of our Loma Linda University School of Nursing alumni and students have taken and the difference that it has made in their lives and the lives of those they've encountered in their work. This gives us an opportunity to truly appreciate the vast number of paths one can take in the nursing profession.

Take time to savor these stories and to reflect on your own story and how the road you chose has made all the difference.

Cordially,

Elizabeth Bossert, PhD, RN
Dean

letter from THE DEAN

TWO ROADS DIVERGED IN A WOOD, AND I—
*I took the one less traveled by,
And that has made all the difference.*

These last three lines of Robert Frost's poem, *The Road Not Taken*, are well known and likely you have heard them many times in your life. It portrays the curiosity and wistfulness of wondering what would have happened if... If we had gone a different direction, if we had made a different choice, if our life had moved forward differently.

In reality, we do make many choices in our lives. Some are relatively routine daily decisions, such as whether to eat healthfully or indulge, and whether to take the time to exercise. Other choices throughout your life have been much more significantly life changing, such as the decision to become a nurse. Following that milestone was likely the monumental decision of what area of nursing to enter. Additionally you may have been faced with other decisions pertaining to the refinement and advancement in your career, whether through advanced practice education or the decision to serve in a mission field.

In reflection on the varied chapters of my own career, I'm reminded of the importance I found in each step along the way. I grew up thinking I would be a nurse, my mother was a nurse and made a small nursing cap for me when I was young. When in high school, I briefly considered education as I enjoyed working with children. Ultimately, I decided to take the pathway to nursing. I worked briefly in an ICU and decided that was not the right fit. I eventually had the opportunity to move into pediatrics and found that I enjoyed working with the children and parents.

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ON THE COVER

The spectrum of Loma Linda University School of Nursing alumni represented by (back row) Byron Apreco, Kathy McMillan, Helen King, Joseph Hacinas, Helen Staples-Evans, (front row) Jessica Fields, Kenny Lard.

Natan Vigna

table of CONTENTS

FEATURES

- 4** A Seat at the Table—Discussing the Spectrum of Nursing Care
- 10** Andrea Jyn Dizon—The Other Classroom
- 12** Justin Bobila—When Nursing Takes Flight

LLUSN HIGHLIGHTS

- 14-19** ALUMNI NEWS
- 20-27** ACADEMICS
- 28-31** COMMENCEMENT
- 32-36** HOMECOMING
- 37-39** FACULTY UPDATES





A Seat at the TABLE

A conversation on the diversity of the nursing profession.

LOMA LINDA UNIVERSITY SCHOOL OF NURSING is proud of the vast array of nursing careers represented within our alumni body.

Regardless of the differences found in the various nursing specialties there are key elements of care that bind all nursing professionals. We sat down with some of our alumni to reflect on their own experiences. **Helen Staples-Evans, DNP, MS, RN, NE-BC** is the Senior Vice President of Patient Care Services and Chief Nursing Officer for Loma Linda University Health Hospitals. **Jessica Fields, MSN, FNP-C, RN** is a family nurse practitioner at LLUH's East Campus. **Helen King, PhD, MS, RN** is Dean Emeritus for Loma Linda University School of Nursing. **Kenneth Lard, BSN, CEN, MICN, RN** previously served as Supervisor of Patient Care in the LLUMC Emergency Department. **Byronrecio, CRNA** is an SRNA clinical coordinator at the Loma Linda Veterans Affairs Hospital. **Kathy**

McMillan, BSN, MA, RN is the Director of Employee Spiritual Care for Loma Linda University Medical Center. **Joseph D. Haciañas DNP, CNS, PHN, RN** is an assistant professor in the graduate department at Loma Linda University School of Nursing.

Was the call to a nursing career a singular epiphany or a long-term goal?

FIELDS: At first I thought I wanted to be a pediatrician. I was raised by my grandmother, who got sick when I was about sixteen. I started going with her to her doctor's appointments and I liked the interaction better with the nurse than I did with the doctors. So I looked at nurse practitioner versus physician assistant. And I liked the autonomy better with nurse practitioner. That's what made me go into nursing.

STAPLES-EVANS: I'm the youngest of three children. I had two older brothers in medical school. And there simply wasn't money for another one. And in South Africa, nurses get paid to go to school. So it was a pretty easy decision. But I got paid to go to school and have never regretted it. So, although I fell into it as a default, I certainly haven't looked back and thought, "I wish I had done medicine."

LARD: I was a fly fishing guide in Montana for ten years.



Wore shorts and T-shirts. Had my own business. It was profitable. When it got cold enough I would fly down to Africa and do missions. I had no intentions of being a nurse. I was working at a non-profit down there with kids at a time when there was such a tremendous need for basic medical care. As a nurse, you do so much for so many people. In the midst of all that I had family in the hospital twice for cancer-related treatment. The doctor can come in and make or break your experience. But the nurse is who's gonna be in there for the rest of the day. They're gonna make that day better or more manageable, or pray with you or get you through it. I remember sitting with my mom and just watching the nurses' compassionate care and

thinking, "This is awesome." This is your own ministry where you have the ability to make a difference everyday in someone's life. So somewhere between Africa and sitting in the hospital I had a little bit of a breakthrough. The Lord definitely pushed me in this direction. It definitely felt like it was an unexpected pathway.

APRECIO: I was born and raised in Loma Linda. My mom is a nurse. My two older brothers are nurses and I have multiple aunts who are nurses. I guess you could say I'm a product of the system. Not only do I have it inherited but I have it cultivated in me. And providence led me to nursing, which I'm very grateful for. At that time, I was young and kind of just went through the motions. Before I knew it, I was done and working.

KING: My family was pretty poor. So they didn't have much money to send everybody off to school. Nursing was the only program we could afford at the time. If you were a nursing student, you got paid to work on the units. After I got through with nursing school, I was working on the unit one day and one of my faculty members came and said, "Could you come help me?" And so I thought, "Oh, what am I supposed to help her with?" And she said, "I'm gonna go be a dean at Southern Missionary College and I need some faculty. Would you come help me be a faculty member?" I ended up going and after I had been there for a few years, I saw

that you could get a master's degree. So I got a master's degree. And then a few years later, I was reading the nursing magazine again and I saw, "Well, you could get a PhD." So I applied for that and got accepted to Boston University for a PhD in Nursing. And it was a little surprising how I kept going to school.

How did you arrive at the current point in your career?

MCMILLAN: My background in oncology opened the doors for me, because when I was hired into this position, I was working with the nursing bereavement programs. Because I had worked with a lot of death and dying in those years, I felt comfortable with that field. And I took that on and then, one thing led to another and that role just kind of evolved and changed. My supervisor at the time was the director of nursing spiritual care. And she left soon after I took the role and so I kind of took over all that was related to spiritual care. And then I went back to get my pastoral degree and it just seemed like such a perfect fit. Its been really rewarding.

STAPLES-EVANS: I started off working in the medical center in unit 9100, Critical Care when I first came to the United States, because they didn't have a job in Pediatrics which was my interest even back then. I only worked at the bedside for about two years here and then started teaching at the School of Nursing. Shortly after I transitioned into Pediatric Oncology as the director there and then back into education as the executive director for staff development. So I've sort of fallen into the leadership role. It seems to be the natural pathway that I've taken. I would certainly consider both education and leadership as passions of mine. It's always good to feel like you are making a difference while experiencing fulfillment in your role.

HACINAS: I had made small talk with my faculty when I was a student in the graduate program here about





is a miracle.” Anyway, I finally said okay and I came to serve as the dean.

With the diversity of care represented across the nursing care spectrum, what do you think is the common thread or characteristic at the core of all nursing specialties that binds them together?

FIELDS: I think the main theme in nursing is we are person-based. So we treat the person, not the disease. And I think that’s something that we all carry into every one of our specialties. When we’re doing nursing, obviously there’s lots of medical technicality that comes with it. But it’s really taking the time and the care with that person that makes nursing such a important specialty.

APRECIO: The compassion. The patient-centeredness. You hear that a lot in nursing school: patient advocacy. You’re the advocate for the patient. So in anesthesia, we do that all the time. Especially in private practice. You’re the one making the call. You’re not a part of that care team model. If you feel like the patient is not optimized for surgery, you have to discuss with the surgeon and tell him that, “I don’t feel comfortable with him moving forward with this completely elective surgery. Because he can come out with some major complications. I would rather have a cancellation than a complication.” I don’t have an anesthesiologist to back me up. I am it. I am the last line before anything can happen to the patient under my care. I’m very thankful for the training and the experience that I gained from nursing school to be able to manage those situations.

LARD: The best nurses go into the profession to take care of people and to provide that compassion. Not many people go into nursing for the money. It’s



“I think the main theme in nursing is we are person-based. So we treat the person, not the disease.”

possibly coming back and teaching one day. Fast forward five years later and I’ve finished my military tour and I’m here doing just that. It’s funny cause its the total opposite of how I imagined it would all happen. I never wanted to be or imagined I ever would be a nurse. There were no nurses in my family. They hated blood. They hate going to hospital because in our culture, they think that if you’re going to the hospital, you’re not coming back. It’s death. So when I was in Japan doing patient care, if you go into surgery, they get scared. They think they’re not gonna wake up and they’re not gonna make it. Coming back as a professor, I think that was one thing I’ve always wanted to do. Making a difference, making an impact in the graduate program.

KING: When I received my PhD, I realized that there weren’t many nurses with PhDs at that time. Very few, in fact. I started getting calls from all the different Adventist nursing schools. I had just gotten married and I wasn’t interested in moving. Loma Linda invited me to be on the board of trustees. So they got to know me here. Later, the president of the university called me and asked me if I’d like to come be dean and I said no. His associate called me a few days later and asked me if I would reconsider. But I still said no. So my husband said, “Why don’t you try it? I think you could do it.” And I wasn’t particularly interested in it. But he convinced me. So we sat down and put together my CV and mailed it the next day. A day or two later, I got a call from the search committee for the dean position. And they said, “We noticed when you mailed your CV and letter and we received them the next day.” They said, “That never happens. It usually takes at least a week to get across campus and then another week to get from Boston to Loma Linda. For your CV to arrive overnight

because you have that desire to take care of a person. And I think, going into one of these situations, you realize that in life—everybody dies. We can fix physical ailments over and over again. At the end of the day, patients pass away. It's your time to be that shining light. To be that hope, encouragement, and compassion. You're going in there knowing your life is to take care of others. You don't go in there expecting to get something out of it. You always get something out of it. Sometimes bad stuff, sometimes good stuff. Just go in there with a heart of service and compassion.

Has there been an experience in each of your roles that has been particularly affirming?

HACINAS: Well, for me, as an assistant professor. It has been the experience of seeing the students' reaction—as far as the desire to learn, the desire to be a better provider, or advanced practice nurse. In my conversations with the students—I can tell if someone truly wants to be a nurse practitioner, you can tell. It gives me the confirmation to say, “I gotta try to make sure that this person—this student—makes it from day one to day one hundred while going through every stage of that degree. If I can give you the tools and the time to make a difference I've done the best I can, which I've always kept as my central goal.

LARD: I think the ER is a different place. Nobody really comes to the ER because they wanna be there. Usually it's like the worst thing, you are surrounded by death or dying. One example that sticks out is doing CPR on a two-month-old. And I remember learning PALS as a student but you never think you're going to hold a baby like this and perform CPR. But watching as

a team how each person knew their job, their task and its purpose. To do this function on a kid and to listen to this parent that doesn't know how to cope, and they're grieving and just pleading with you. More often than not we see death follow that. But to think back to this 2 month old that we saved as a team and see this baby come back 8 months later, a beautiful healthy baby. For once we did our job and goodness came of it. Not the sadness, not the heartache. Those are the days in the ER where we are reminded, this is why we do it.



STAPLES-EVANS: There are often times when my job's actually not that much fun. There's never an opportunity to make everybody happy. You have to accept that criticism comes with the territory. But just yesterday, I had a little arrangement of flowers that showed up on my desk and I thought, “Where did this come from?” ‘Cause that doesn't happen very often. I finally found out it was from a unit secretary. She had been the unit secretary on the floor one day when I was rounding. She was telling me that she was putting herself through LVN school, she had young kids and she was looking for a job. And so I had passed her name along — ‘cause she was asking me about LVN jobs. But I gave her name to the clinic. And she had left me little flowers to say, “I got a job over there. Thank you.” I'd forgotten all about it. But days like that you think, “Okay. You never know the little ways you can make a difference.”

MCMILLAN: One of the things I get to do that I love is to talk to new employees at orientation every two weeks. I don't get tired of it because it's a chance to give people a first impression of Loma Linda. I always tell the new employees that they can contact me. So several months ago, I got an email from a nurse who had started working and had been through a real spiritual crisis in her life. She wondered if we could just get together and talk. We went and had lunch together and it turned out she had been raised a Christian but had left the faith at some point. After this amazing conversation where I just listened to her pour her heart out, I asked her if we could pray together. And as she was leaving, she just looked at me and she said, “Now I know why I came to Loma

Linda.” And it was just such an amazing opportunity, to be able to touch lives. I just feel so grateful for moments like that.

KING: What I could share has been so far from what you all do every day. ‘Cause as a full-time administrator for almost twenty-five years, I was given the job of building the School of Nursing’s faculty. Because at that time, there were very few faculty with advanced degrees, especially doctoral degrees. There was hardly anybody with research funding. So that was my job. Twenty-five years later when I retired, about twenty of our faculty had doctoral degrees. And, some of them had extra funding for research. So I thought, “Well, I guess I’ve done my job.”

What is your personal definition for what it means to be a nursing professional? How has this changed over the course of your career?

APRECIO: The summer before I started nursing school, I was maybe seventeen? Eighteen? I was born and raised in the church. I went to everything—I went to Pathfinders, Adventurers. I went to the academy. I went to the Filipino church there. I did pretty much everything that a Loma Linda Seventh-day Adventist is supposed to do. But I never knew why until the summer of 2008, right before I got into nursing school. I had a Bible study with a friend and I



“Nursing is wonderful. It’s that ability to meet that patient at the physical need and show them to the source of healing.”

consider that time my conversion. It was then that I found out why I chose Christ. Or I responded to His calling. I believe that’s providence because from that point on, I believe everything I do is basically an extension of Him. And I feel as if He is using me to be His hands. Literally. I know it’s in a song but...that’s how I feel. I feel like if I surrender my will to Him this morning, every day, He will use me to extend blessings to others. That’s how I feel. And I’m excited because He’s in control. The responsibility is on Him. And if I truly believe it and don’t let self get in the way, I receive such a blessing when my intention is to benefit the other person. I think that’s my personal definition of what a nurse is.

FIELDS: The definition has changed for me. I started in the PICU as a peds ICU nurse trying to help this patient get through what they were going through. Back then my definition would’ve been: ...Patient advocate, companion, confidante. I think of a caregiver. There’s so many roles that I had in that position. But its easy to finish a shift and then focus on yourself. I think now as a nurse practitioner that has changed a lot because I feel so much more responsibility for my patient. And there are times where as a PICU nurse, I know that I’m handing that person off. I could sleep at night. ‘Cause I’m like, “Something went wrong, they’re gonna catch it.” You know? But now it’s like if I miss something, that patient—I’m the last person to touch them. They may go home and not wake up the next day because of something that I missed or, you know, whatever. So the definition now has—it still includes that, but it’s widened to so much more accountability for me as an NP. Now I realize the way that I take care of myself has to change too. I need to make sure that I have enough sleep to go into work. I can’t give to my patients if I’m not taking care of myself. As much as I’m taking care of them, self-care is necessary. I can’t take care of someone else if I’m not taking care of me. And that comes in with Christ. I truly believe that, in just having that relationship so you can actually have compassion.

What is the single most valuable piece of advice for someone entering their professional journey as a nurse?

HACINAS: I think as long as you have the compassion, the commitment and the effort—honestly, you can't go wrong. I would say to trust the process and have a strong work ethic. Whether you are serving like I did on a ship in the middle of ocean with the Marines or working in the hospital. Those are the key things I've focused on through the years. I hope to continue to be blessed with this career that evolves around my life and my family. I'm here for a purpose. My calling. And I hope to continue to do a good job and just go from there

MCMILLAN: So I would say...first of all, find your niche. Like you were saying, there's so many things. Find something to which you feel called. And then create a work environment that is wonderful. Because I think so many times people get planted in some place and then they start complaining about all the things that are wrong. But one person can make such a difference in a work environment. And I think if each person that goes into a job takes that on as their personal mission, we'll just have a whole bunch of wonderful places to work.

FIELDS: I remember some advice that I got from my aunt. I started nursing school and in the first clinical you're dealing with bedpans and stuff like that. I called her and said, "If this is what I'm doing for the rest of my life, I cannot do this. There is not enough money that can be paid for me to enjoy this for the rest of my life." And she was like, "You are starting here so that you respect every person underneath you." She was like, "You never wanna get to a point where you think that you're better than anyone that works in the hospital. So you start here so you respect all roles." And I think that is the advice that I would give to nurses. We go into nursing because we wanna help people. But I think we're also a team. And it doesn't matter where you are in that spectrum of a team. We all respect one another. And so that's the advice I would give to someone. It's just a case of going through this experience and learning every single thing that you can about those that are working with you.

We often hear students and alumni refer to the idea of the Loma Linda nurse? What does it mean for you to be a Loma Linda nurse and to carry that title?

MCMILLAN: I hope that means we know how to give great whole person care. I think there's other places that certainly strive for that. But I hope that every graduate who goes on from here cherishes that. And the fact that we've been taught it, value it, and that it's so much a part of what we do.

APRECIO: Loma Linda University used to be called the College of Medical Evangelists. As I look back in retrospect, I see God leading me in my own conversion experience each step of the way. He led me to be able to go to Africa for practicum. Not a lot of nursing schools bring their students to overseas mission trips. And in anesthesia, I went to Honduras on a mission trip. In nursing school, I went to Jamaica on a mission trip. And so, I think Loma Linda is really functioning on what it was supposed to be for the College of Medical Evangelists. You did your medical training but you are also being able to extend that healing ministry of Jesus Christ. And we don't hide behind it. We set it on a hill—literally—to let the light shine. And I am very fortunate and I take pride in being able to be called a Loma Linda alumnus because I believe in the message. I believe this is how we bridge people from health to Him. Nursing is wonderful. It's that ability to meet that patient at the physical need and show them to the source of healing. I think that's what being a nurse is.



LARD: I can tell you that, statistically, just looking at the care that Loma Linda nurses provide, they're well-prepared. They always will outperform. When they hit the floor, they're always a step ahead. Not necessarily because they grew up in the institution because not a lot of nursing students get to train in the ER. But they're prepared and they know what's expected of them. They have a certain degree of perseverance and dedication to make it through the program. Loma Linda's program is not an easy program. I think our standards and what we expect them to maintain as a grade-point average is higher than most, I think when those nurses come over they have proven they have a degree dedication to make it through the program.

ANDREA JYN DIZON


The Other Classroom

By Jackson Boren

ANDREA JYN DIZON, BSN, RN WANTS THE NURSING STUDENTS SHE INSTRUCTS to know that nursing school did not come easy to her. “Sometimes there are students that don’t look great on paper. But when you sit down with them, dig into their struggle and figure out how to get around the obstacles, they can be great students. That was me.” Dizon, ‘14, affectionately known by her colleagues and students as AJ, works as the House Supervisor for Loma Linda University Medical Center adult hospital, intensive care nurse on LLUMC’s surgical trauma ICU unit 8100 and a critical care clinical instructor for Loma Linda University School of Nursing’s undergraduate program. She has taken her own nursing school experience and turned it into a point of connection through which her students relate to her warmly.

As a clinical instructor, Dizon is one of 36 RNs responsible for teaching LLU nursing students how to apply the theory of their classroom instruction in a clinical setting. “As a clinical instructor you really get to take on the role of a mentor to the students. Even though its once a week, the time you get with your students is more intimate, whereas the classroom instructors have more frequent but less personal exposure with an entire class. In clinical instructing you get to know the





students on a personal level which lays the groundwork for mentoring.”

Being relatable is important to AJ because she knows the impact that sharing her own experience can have in her role. “From day one, I’m an open book with my students. I tell them that they will have set backs in one form or another. I failed a class when I was in nursing school, I didn’t let it discourage me to the point of giving up. I want them to know that even though I’m their teacher, I faced those hardships and I don’t forget that part of being a student. It’s crucial they don’t feel alone and that they find the hope in seeing their instructor at the end of the finish line.”

In a turn of irony, failing a course as a nursing student marked the beginning of Dizon’s path to being an educator. “Failing a class was a wake up call. I really took that seriously, came back stronger, got plugged into a study group and eventually even became a tutor.” Instead of being overwhelmed by the challenges of nursing school, AJ became obsessed with conquering them. “Critical care was a huge breakthrough for me. My experience as a study group leader solidified my love for teaching. I always come back to the thought that, ‘I don’t ever want a student to fail. I don’t want them to feel that kind of pain. So I’m gonna make sure to work hard so that they don’t fail the class.’”

After graduating from LLUSN, AJ worked as an ICU nurse at LLUMC for several years before even considering revisiting the passion she had for instructing others in critical care nursing. She describes the motivation that led her, saying, “When you look back on nursing school, there are standout instructors for every student; someone who went above and beyond to help you find your confidence and discipline in the clinical setting. I wanted to be that instructor for others but I knew I needed to put in my time first.”

It wasn’t until an encounter years later on the unit floor between Dizon and her own past clinical instructor, Brandie Richards, that she saw the door of opportunity open. “Brandie was a mentor to me and a big part of why I found success in critical care, which is typically one of the more challenging quarters of nursing school.” Dizon continues, “She ran that program and essentially was the

“The most rewarding thing is when you see your students succeed.”

person who made me want to teach it. Critical Care was the course where all of your previous nursing school course work, everything from Fundamentals up until then comes together. Suddenly all these tools you’ve been honing make sense to use.”

Dizon goes on to describe the relationship between the clinical instructor and the classroom instructor as a true partnership that keeps the student’s success at the forefront. “The quality of communication between the teachers covering theory in class and the clinical instructors is key. There may be a student whose comprehension is there in the clinical but doesn’t translate to testing. We can pick up on this and target how to improve their study approach.”

When it comes to the most meaningful part of being a clinical instructor, Dizon says it’s all about her students’ success. “My success is your success.” I tell my students all the time, ‘The best gift you can give me is you passing your class.’ Because I put so much time and effort into these students to make sure that they are understanding their content and passing their class. The most rewarding thing is when you see your students succeed. What’s even more rewarding? When you see them on the unit and they’re wearing those navy-blue scrubs. Then you’re like, “That’s mine! That’s my baby!” So my success is their success.”



When Nursing TAKES FLIGHT

An alumnus uses gifts of confidence, clarity and compassion as he saves lives

By Nancy Yuen

JUSTIN BOBILA, BSN, CCRN-CMC-CSC, CEN, CFRN, RN, '13, HAS EXPERIENCED THE LIFE of a flight nurse while transporting patients from the high desert, Joshua Tree, Orange County, San Diego and Victorville, to hospitals throughout Southern California.

“Flight nurses and flight paramedics perform an advanced scope of practice,” he says, “completing interventions usually performed by ER doctors, including placing chest tubes. Flight nurses make decisions and work independently; it is very rewarding.”

As a flight nurse, Justin completed approximately five to ten calls each month,

working 24-hour shifts on a team consisting of a pilot, critical care transport nurse and a transport paramedic.

Flight nurses hold the following certifications: Basic and Advanced Cardiac Life Support; Pediatric Advanced Life Support and Neonatal Resuscitation. In additional certifications include, CCRN, CEN and CFRN with boards through the American Association of Critical Care Nurses (AACN) and Board of Certification for Emergency Nursing (BCEN).

“Many times, clinical decisions need to be made when the patient is on the brink of death,” he says. “In those moments, in the aft cabin, you are the last barrier in whether or not they get another chance at seeing another day. Experiencing that opens you up and enhances your view and respect for life and the care you provide.

“In the helicopter, the clinician and patient are in such intimate quarters that experiencing what the patient is going through hurts more. You learn a lot about yourself on calls,” he says.

Justin grew up familiar with careers in health care. His father is a pediatrician and his aunt is an operating room nurse. While completing a biology major in college, he considered career

options in health care including physician's assistant, dentistry and nursing.

"While I knew nurses followed doctors' orders, took vital signs, patched wounds and delivered medications, I had no idea how much they do," he says. He began to learn more about the profession while shadowing his aunt at work.

Justin entered the School of Nursing in 2010 with the goal of working on an intensive care unit. At the beginning of the year, his class was invited to a welcome dinner that provided an opportunity for the students to meet each other in an informal setting. "During the dinner," he recalls, "one of the students mentioned flight nursing."

The thought intrigued him, and further research revealed requirements, including ICU and ER experience, that were needed before applying.

As a nursing student, he gained clinical experience working as a nurses' aide on Unit 4700, when it was the cardiac / coronary ICU. At the time, Unit 7200 was Medical ICU; the units would later switch places to unify the cardiac service line on the entire 7th floor.

Following graduation, Justin began working on Loma Linda University Adult Hospital's cardiothoracic care unit. "Unit 7100 provides maximum life support to patients needing

open heart surgery and heart transplants," he says. He gained experience working with patients with ventricular assist devices, balloon pumps and mechanical ventilation, among others.

His interest in flight nursing was sparked when the member of a flight team who had transported one of his patients gave him a pen inscribed with the company's name. His work experience in ICU and the certifications he earned soon qualified him to apply to become a flight nurse. Justin recalls waiting two months before completing training at company headquarters in Colorado. "The training was intense," he recalls.

During his time as a flight nurse, Justin worked on teams that airlifted all types of critically ill or traumatically injured patients including a concert-goer at Coachella in need of immediate medical care and trauma victims from accident sites across Southern California's freeways.

Justin worked as a flight nurse for almost two years before deciding to spend more time with his family. "I would like to complete an advanced nursing degree once my daughter begins school," he says. Returning to flight nursing is also an option.

His last call as a flight nurse was to an accident on the 10 Freeway. It was thought that the patient, a teen, drove into a parked semi while texting, resulting in horrific injuries.

The teen needed an airway placed and a ventilator and medication to survive the transport. It was meaningful to Justin when the staff at the receiving facility reassured him that he had done everything during transport that would have been done at the hospital. "That is definitive care," he says, "providing the best for each patient."

Justin is now a critical care transport nurse with LLUH's critical care specialty transport team department. During his 12-hour shifts, he accompanies critically ill and injured patients throughout Loma Linda University Children's and Adult Hospitals. This includes emergency, stroke, heart attack and trauma patients. "The job is always on the go, thinking on your feet," he says.

Throughout his journey, Justin has continued to add to his experience and to learn; he appreciates the resources the School of Nursing and LLUH have offered. "Each time an opportunity has come for me to better myself, I've taken it," he says. "Loma Linda has provided many opportunities—it's hard to say no."

He appreciates that Loma Linda is a faith-based organization, with faith as an important component of the care that is given. As he traces his academic and professional journey, and looks forward to the future, he is confident: "Whatever happens, I can't leave Loma Linda," he says.



CHERIE PEFANCO

Recipient of the President's Award from the School of Nursing

By Brianna Bolaños

DR. **CHERIE PEFANCO, PHD, MSN, RN, RECIPIENT OF LOMA LINDA SCHOOL OF NURSING'S** 2019 President's Award, has been serving as a nursing pioneer from the very beginning.

Having been exposed to the healthcare field from the time she was born in the Philippines, Cherie always knew that it would be something she would choose to pursue. "We were part of the family that lived within a healthcare compound because my mother was a chief nursing officer and executive there. Because of that, I saw the action in the field of nursing and the huge influence of a nurse. It was a hospital where I knew everybody. The workers' children were my friends, and we played and studied together," says Cherie. "What I will never forget is how dedicated the leaders were. By 7:30 AM, they were already at the Conference Room having worship together. So it struck me, "This is a life dedicated to service."

Seeing this kind of dedication from her mother and the leadership, Cherie was inspired to follow a similar path. While in the final year of her undergraduate program, the dean of a new Adventist college in the Philippines, Mr. Ted Ray Llasos, approached her. "He had heard of me as a senior student and knew my family and the work of my mother. He asked whether or not I was interested in working for a 'pioneer' college. At that time, there were only two leading Adventist colleges in the Philippines that offered the Bachelor of Science in Nursing program, and this was going to be the third one. Looking back, it must have been the spirit of the Lord controlling me because, without hesitation, I said, 'yes.' I didn't even know if there would be an interview, I just knew I was interested. Moreover, believe it

or not, they started planning for me right away, way before I had even graduated."

Cherie and Charity Racoma, a Mountain View College graduate, became the first two clinical instructors for Central Philippine Adventist College, School of Nursing. While the College was training its first class of students, they sent Cherie to work at the Bacolod Adventist Medical Center close-by. This decision included to train, get acquainted with the facility, and prepare her for the students' clinical rotation. Following that time, the College presented her with the opportunity to work on her Master of Science in Nursing degree. "My master's program was exciting, as I got to choose my clinical areas. I chose to be in the ICU and be with very sick individuals. I had already developed a passion and love for the heart. It's something that is not only one of the main organs with complicated consequences, but it is also what drives you physically."

Once Cherie finished her MS in Nursing, she had the privilege to study for her postgraduate at the Philippine Heart Center and continue that passion for the heart. "You have both the medical side and the surgical side, and we had the opportunity to rotate in every area. At first, it was a little scary because you're dealing with a specific patient population. However, the cardiovascular nursing program continued to grow, and soon, I was attending conferences on anything to do with cardio," Cherie explains. "It was during that exciting time that I got a call from Africa, from Kanye SDA College of Nursing in Botswana. The leaders of Kanye Hospital and the College reached out to me and said, 'We need someone who can help us and be faculty.'" Confirming on God's leading,



I went to join them. While I was there, they gave me the workload of teaching the Adult Health Nursing and Nursing Leadership and Management courses. At the same time, I followed-up junior and senior student nurses at their clinical practice sites.” Cherie chose to spend the next six years of her life in Botswana. Although Cherie loved the experience, it became more apparent to her that her path was meant to be in the cardiovascular field.

Following her passion, Cherie chose to pursue her boards in the United States and settled in Northern California after her time at Kanye SDA College of Nursing. There, Cherie worked as a resource nurse at the Rideout Health Group Hospitals. After three years of being a resource nurse at these hospitals, she decided to specialize in cardiovascular nursing but, “The road to getting there and finding a place I could get the level of training needed, required prayer.” Cherie continually prayed for a whole year, asking the Lord where He saw fit to send her next that she may serve. It was after this year that God showed her that she would continue

this study at Community Regional Medical Center (CRMC) in Fresno, CA. At CRMC, Cherie got what she calls “the best job she has ever had.” “The leadership, through Nadine Hensley, was very progressive and invested on training and producing high-caliber nurses and patient care assistants. I fell in love with the efficient work flow and operational systems as well as the environment of an academic center,” recalls Cherie.

When it came time to pursue her doctorate, there was a “tug of war” between her and her mother. “I was ready to pursue my doctorate. I knew that I was near Sacramento, so it was attractive for me to attend UC Davis because they had good funding. However, my mother said, “You need to go to Loma Linda University and apply.” When Cherie learned that UC Davis held their classes on Fridays and that it may run into her having to attend class on the Sabbath, she chose Loma Linda University School of Nursing for her PhD.

“When I received my acceptance letter from Loma Linda University I said, “Lord, I am going to fulfill your will in my life, and you have chosen Loma Linda University to be the school you want me to study. I am giving you my utmost. So I submitted myself to Him, knowing that my savings would not be much to cover the tuition.” Cherie explained. “However, I am so thankful that I am here because my mother was right. I not only found I would be free of any struggles with keeping the Sabbath and all the academic activities were in sync, but I also discovered how to apply for scholarships and up until the very end, the Lord provided.”

During her time at Loma Linda University, Cherie was under the academic advising of Dr. Iris Mamier, PhD, RN, who encouraged her to do mentored research. “She encouraged

me to make the most of my time in the program and build my CV while in school. Dr. Mamier wanted me to get to know scientists in the area and build a network of researchers. She encouraged me to attend regional conferences. So it was the beginning of me learning how to work with different researchers. I never had this experience of engaging with other researchers and finding out possible partnerships of research. Because I needed to be able to interact with professionals in my area of study at the state, national, and international levels, it was important for me to build this network. For that, I am so thankful for the guidance and advice of Dr. Mamier. For my dissertation, the Lord opened every door and aligned each task for me to complete a study at the state level. Working with a panel of experts who are researchers, clinicians, and statisticians in cardiac surgery risk prediction modelling and my committee chaired by Dr. Elizabeth Taylor, gave my study a solid design and methodology from beginning to end. Innovative statistical techniques and 21st-century technology in risk prediction modelling under the mentorship of the panel brought about the 30-day all-cause readmission risk score and online risk calculator after isolated coronary artery bypass grafting (CABG) surgery that will guide and direct plan of care. This work is the first significant and groundbreaking contribution to the post-CABG population in cardiovascular nursing.”

Above all of these, Cherie encourages others to remember what the true nature of healthcare and nursing are. “When you go into healthcare, even early on, it’s about serving, and putting others before yourself. Even before that, it is about placing yourself before God in service and His divine purpose in your life.”





TWO NURSING JOURNEYS *One Family*

**A Conversation
with Adriana Cornejo,
CPNP, RN, and Luamy
Cornejo, CPNP, RN**

By Brianna Bolaños

LOMA LINDA UNIVERSITY SCHOOL OF NURSING **ALUMNI AND SISTERS**, Adriana Cornejo, CPNP, RN, '17 and Luamy Cornejo, CPNP, RN, '13 smile at each other knowingly as they begin to share how differently God had shaped their nursing education and careers.

Having moved from Guatemala to Wisconsin at a young age, both Luamy and Adriana were sure about one thing: wanting to pursue an Adventist education for college. As the oldest of three sisters, Luamy credits God's leading to her ending up at Southern Adventist University for her undergrad in nursing. "Growing up, as a child, I never thought that I was going to be a nurse, but, once I reached college age, I felt that God put something in my heart that told me I should at least try. When I got accepted, I didn't know what to expect, but sure enough, I loved nursing right from the very beginning." Luamy shares. "It's funny," Adriana says, "because when Luamy says she never thought she would be a nurse, I always knew! Since 8th grade, I've always known that I wanted to be a nurse, and she used to tease me about it!"

Adriana, the youngest of her siblings, goes on to describe her experience early on in Southern's program, saying, "God really opened the doors for me when I started the program. It hit me how much I loved this field and how much I enjoyed taking care of people. Being there for someone in their hardest time. Nursing always seemed like

a natural and smooth journey for me, I would walk out of clinical feeling amazing and excited about the next day."

Both sisters contemplated the next steps in their individual nursing journeys after finishing their Bachelor of Science in Nursing. "After my BS in nursing was complete, I knew there was something else additional that I needed to do. So I decided to pursue a career as a nurse practitioner" explains Luamy. "I have always had a passion, from a very young age, for young children and their families, but when I first did my undergraduate pediatrics rotation, it was kind of rough for me. It's a different story seeing children who are well, and children who are sick. So I struggled a little during that part of the journey and wondered if I should just pursue Adult Nurse Practitioner. But God kept pulling at my heart telling me "No, pediatrics is your calling, this is what you need to do.""

After spending a year working on an Adult Medical Surgery unit, Luamy was actively looking for programs. "I decided to check out what LLU had to offer and found that they had a pediatric nurse practitioner program. Both my middle sister and I applied to separate programs and found out the same time that we had been accepted. I didn't want to go anywhere else. I chose Loma Linda University because it's an Adventist institution and they share the same values that I have, so I felt it would be a good fit."

In contrast, Adriana's post undergraduate journey was initially less clear. "I started out my journey saying, I love adults and geriatrics, and I didn't have an interest in pediatrics at all," says Adriana. When I moved to Loma Linda and started looking for a job, I came intentionally to look for a position in an adult cardiac unit. But everything was in God's hands and He had something else in mind." When she first arrived, Adriana visited Luamy at her job in Pediatrics. "Her coworkers encouraged me to talk to their manager about a position. I was resistant at first, but felt like it wouldn't hurt to just talk to the manager. I assumed I would never hear back from her after the meeting, but either way I wasn't worried because I didn't feel called to a pediatric unit." But God had others plans. Adriana was offered a position shortly after. "Not knowing what to expect, I was a little apprehensive, but after only a few shifts, I thought, "I can never go back to adults. I love these kids. And I ended up falling in love with pediatrics and spent the next five years there while I was doing my Nurse Practitioner program."

Luamy agreed saying, "It's interesting how, we don't even know what we're good or what we will enjoy until God puts it in front of us and guides us to that place. And then it hits you: if I follow God's will and what He wants for me, He knows me best, He'll show me what I'm good at and where my passion really is."

Over the past few years since completing their Pediatric Nurse Practitioner program with Loma Linda University, both Luamy and Adriana have chosen to continue following God's leading in their lives. Adriana spent her first year and half working for a private clinic when unexpectedly God opened up another

"It's interesting how, we don't even know what we're good or what we will enjoy until God puts it in front of us and guides us to that place."

door to where she currently works. Community Health Systems is a six clinic system that is located in the Inland Empire and serves uninsured and underinsured patients. "At the private clinic it was mostly middle class versus now it's a low income population. I feel as though I'm able to do a lot for this population because, number one, the majority are Hispanic and I speak Spanish and I'm currently the only Pediatric NP where I'm working. I feel like God placed me there for a reason. When I first arrived I saw a huge need for education for the patients and making sure that everything is set up for pediatric patients. I never feel stagnant and don't ever think I will in this field."

"I started in primary care and had been working in primary care for three years and really enjoying it when I ran into a friend from church at a wedding who worked at LLUMC in ENT (Ear/Nose/Throat)" shared Luamy. "He proceeded to tell me that they were looking for a Pediatric NP for their department. And I just sat there and thought, "What? What is God up to now?" They had had nurse practitioners in the past, but I was the first they had in that particular role and I had to forge a new path. It's been so interesting and I feel like I'm learning every day for the past two years. We've just hired on a second NP, which is wonderful, and I'm training her. So I hope that this role gets cemented and grows, because I see the need for it. There are so many children who need to see an ENT."

Loma Linda University faculty member Dr. Fayette Truax experienced first-hand the leading of God in the Luamy and Adriana during their program. "Both Luamy and Adriana are excellent examples of Adventist nurses in the 21st century. They both have overflowing love for God and the children they serve in the community" says Dr. Fayette Truax PhD, NP, RN. "They are competent, compassionate, caring pediatric nurse practitioners."

Luamy attributes the exceptional support and guidance of the faculty to her success during her time as a student at Loma Linda University, "I think having a good preceptor and good professors helped prepare me for this role. Having someone like Fayette who I'm able to text and who was willing to help me made a difference." Adriana added that the classes she experienced changed her perception on the nursing field. "What I loved about the classes is that they didn't just explore your role as a nurse practitioner but also as master level nurse. So things like, leadership, teaching, administration. All these other classes we had to take really opened up my eyes to all the things I could be potentially doing and all the roles I could play in society and the ways I could impact my community. We decided at different times in our lives to pursue this specialty. It was just God. He led us all to pediatrics through our separate and unique journeys. I hope that we get together someday and use our talents together."

GENERATIONS of Nurse Anesthesia

**A Conversation
with Rich Reis and
Renee Thatcher**

By Jackson Boren

Rich Reis, CRNA, and Renee Thatcher, CRNA, have more in common than you might assume. Reis graduated from the Loma Linda University nurse anesthesia program in 1983 when it was originally housed in the School of Allied Health Professions. Thatcher completed the Certified Registered Nurse Anesthesia program in 2017 as part of the fourth cohort to graduate from the program's current home in the School of Nursing. Three decades later Reis is serving Arrowhead Regional Medical Center as the Chief CRNA while Thatcher has worked on his team of nurse anesthetists for the past several years.

While they went through LLU's nurse anesthesia program in two separate generations decades apart, they share similarly high praise for their alma mater. "The intimacy of the class size and the accessibility of the faculty were both strong points in my experience," says Thatcher. "You always had the resources and support you needed and you felt like you were going through it together with your cohort. I never felt like I was abandoned or going through it on my own." Reis echoes the sentiment saying, "One thing that has been consistent [at LLU] is the commitment to prepare the best CRNAs possible; Didactically in the classroom,



clinically in the OR; the faculty, anesthesiologists, everyone has kept that goal central. You can see it in the quality of the graduates.”

Speaking to the advances of nurse anesthesia training, Reis says, “Technology in the field has completely changed from the 80’s to now. The machines and equipment are vastly more science-based. In the earlier era there was a more nuanced art to anesthesia. I wouldn’t necessarily want to go back to the way it was but I do think there is a value to the instincts you gain from the experience of not having an oximeter telling you the saturation is good. The idea of relying on your observation and your gut feeling.”

Looking back on their education, Rich and Renee both admit that any remarks about the high demands of nurse anesthesia school are well earned. “It is very competitive just getting accepted into a CRNA program,” said Thatcher. She continues, “You need to be physically, mentally and emotionally ready for the challenge once you get in.” Reis agrees the broader awareness of the profession has made an impact on the playing field, saying “Its much more competitive now than when I applied to the program in 1980. There’s generally more awareness of this career in the nursing community. There’s a greater demand and utilization of CRNAs overall. Its growing rapidly.”

For Thatcher, specifically coming to Loma Linda represented an even higher calling. She asserts that the divinely-driven mission of the school gave her approach to nurse anesthesia a true purpose.

“Ultimately that’s what we are all driven by. We love to see good outcomes and to see patients recover, and to know that we somehow contributed to that.”

“Ultimately that’s what we are all driven by. We love to see good outcomes and to see patients recover, and to know that we somehow contributed to that. That is why I’m so glad I ended up at LLU. There’s a purpose at its core, other than just wanting to make money or gain prestige.”

Both Reis and Thatcher have personally witnessed the increase of the public awareness that the nurse anesthesia specialty has garnered over the years. Reis explains, “To many, CRNAs are somewhat of an enigma.” He went on to highlight that nurse anesthetists don’t fit into the traditional nursing role, but instead are highly skilled advanced practice nurses who can provide full anesthesia services for patients both independently or as part of the anesthesia care team. Thatcher adds to this, saying, “Our role is essential to manage the patient’s stability and safety throughout their surgery or procedure, monitoring them, managing pain relief and pain control.”

From two different points in their careers as nurse anesthetists, Reis

and Thatcher echo each other’s testimony about the fulfillment they have found in the calling. “Nurse anesthesia is worth every challenge and demand it throws at you,” says Thatcher. “The biggest takeaway is when you see outcomes. In the middle of the night you have a trauma patient who is bleeding out and you are working so hard to keep them alive; to pump blood into them, give IV fluids, keep their vital signs stable. So many things go into keeping someone alive when they come in with a trauma situation. So when you come out of that on the other end and the patient is healthy and stable you sort of marvel at the process and the privilege to be a part of it. That’s the ultimate fulfillment.” Reis adds to this, saying “We take care of very sick people [at ARMC] and our facility is the last stop for many of them. It’s a complex and challenging environment to work within, but its always something new and engaging. I’ve been working 35 years I can’t imagine another job where I would be so fulfilled in what I was doing.”



New Scholarship Sends Nursing Students Around the Globe

The Alumni Global Mission Scholarship is poised to make mission service possible for more nursing students every year.

By Nancy Yuen

IN NOVEMBER, 2018, RENALEEN TOMAGAN, BSN, RN, who is completing her second year in the School of Nursing's Doctor of Nursing Practice (DNP) program, attended Loma Linda University's (LLU) International Night, hosted by Students for International Mission Service (SIMS). She visited booths where she learned about short-term mission opportunities in Brazil, Cuba, India, Peru and other sites that would be available to LLU students in 2019.

Though she didn't have funds for the trip, Renaleen signed up to volunteer in Peru during spring break. "I wanted to step out of my comfort zone so I would be fully dependent on God," she says. "I knew He would provide a way for me to go to Peru."

One day there was a change in Renaleen's class schedule. "I paused in front of a rack I hadn't noticed before and saw a form with information about a mission scholarship," she says. She applied, and was a recipient of a \$750 award.

Sheyla Hughes, who has one quarter to complete before receiving her BS in nursing degree, also signed up. For Sheyla, the culture and mission of the School of Nursing are reasons she chose to attend LLU over other, less expensive nursing programs. "Students in the School of Nursing receive encouragement," she says. "Scripture is posted in the school and I pray with my patients. It's worth each student loan."

For many students, participating in short-term mission trips is an unattainable goal. While student loans make it possible for them to achieve their dream of becoming a nurse, they work to supplement their expenses and to help support family. Renaleen is a circulating nurse at LLU Children's Hospital and also supports her sister, a student at Weimar Institute.

Joining Renaleen and Sheyla in Peru was Bryant Gamboa, BSN, RN



'15, a graduate nursing student in the pediatric nurse practitioner program and LLUSN undergraduate alumni. They were part of a team of LLU physical therapy, occupational therapy, nursing and nutrition students that traveled to Peru this year.

To reach the SIMS site, the students boarded international flights to Cuzco and San Salvador, followed by a bus trip to Lima.

Renaleen experienced altitude sickness at the group's 15,000-foot destination. "At one point my watch recorded my heartbeat at 120 beats per minute," she says.

Each day the students met families who would not otherwise have received care. Assisted by translators, they completed vision tests and distributed eyeglasses. They provided information about occupational and physical therapy and oral health care. They also taught breast self exams, tested for blood glucose levels and provided information about nutrition.

After they left the airport there was no wifi or cell phone service. "The younger generation and families we met were closely connected," recalls Renaleen. "I wondered, 'why are we focused on being so connected with phones?' I learned to be present in the moment, to collaborate and work with students from many of the same health care professions that provide care in hospital settings."

Bryant is a member of the staff of the Pediatric ICU unit at LLUCH. "Pediatric intensive care is highly specialized," he says. "At work I

do my best to make sure patients are alive and stable. In Peru, I valued the chance to learn about other health-care disciplines." This included observing physical therapy students as they shared information about body mechanics with participants who spend hours each day carrying heavy items.

Sheyla discovered skills during the mission trip that she is now using—a joy and confidence in educating patients. "Before the trip, I put stock and value on clinical skills," she says. "Now I try to explain more. Listening and sharing knowledge with patients is quality care."

Bryant agrees. "I came back with a deeper understanding of the impact developing a connection with patients can make, small things like talking and playing with them -- caring for the whole person. That's what Loma Linda is all about, "To make man whole."

A GIFT OF SERVICE FROM THE CLASS OF '70

In 2020, the class of 1970 will celebrate their 50th anniversary. For their class gift, they are helping to build the Alumni Global Mission Fund.



Mary Ellen Neslund, '70, now retired, practiced public health school nursing in the Corona-Norco Unified School District for years. When class members learned that existing funds for mission scholarships for nursing students may be depleted by the end of 2020, they decided to take action. "For our class gift we are creating the Alumni Global Mission Fund," she says. "It will become a seed fund; our plan is to invite all LLUSN alumni to contribute to it. We would like all nursing students who want to join an international mission trip, to be able to go."

Kathie Ingram, also a member of the class of '70, served as social vice president during her senior year. She now teaches community and public health courses in the School of Nursing. "I'm excited about students having the opportunity for international service, to experience another culture. As they teach and provide care, they won't see the world in the same way," she says. She hopes that the scholarships will become a tool for recruiting more nursing students.

Renaleen Tomagan may one day contribute to the fund. She is grateful for the financial assistance that made it possible for her to volunteer in Peru. She prays, "Lord, you've already provided for me. One day I want to give back for the experience I was able to have, to help provide for someone else."



New Research Links Workplace Factors with Nurses' Smoking Behaviors

By Janelle Ringer and Jasmine Saunders

A STUDY CONDUCTED BY RESEARCHERS FROM CALIFORNIA and the Czech Republic has identified four key hospital workplace factors that influence the smoking behaviors of nurses in Central and Eastern Europe.

Published in February by Cancer Nursing journal, the study explored nurses' perceptions of hospital workplace factors that influence their smoking and quitting behaviors. Access to work breaks was identified as the most prominent of the four influencing factors impacting nurses' experiences with quitting smoking and staying tobacco-free. Also, other recognized themes include lack of support for quitting, negative effects of nurses' smoking on patient interactions, and the impact of workplace policies on continuing to smoke or deciding to quit.

Anne Berit Petersen, PhD, MS, MPH, RN, assistant professor for Loma Linda University School of Nursing and the study's lead author, said "There was a consensus among current and former smokers that nurses' smoking behaviors are linked to the routines and culture of the workplace, with the most prominent matter being the relationship between work breaks and smoking."

Titled "Everyone Needs a Breath of Fresh Air': Workplace Impact on Nurses' Smoking Behaviors," the study was a joint project of several researchers from the University of California, San Francisco—Petersen's alma

mater—the University of California, Los Angeles, and the Eastern Europe Nurses' Centre of Excellence for Tobacco Control.

The study was conducted across five Central and Eastern European countries and included nurses who self-reported as a current smoker or former smoker. Between March 2015, and February 2016, 82 nurses participated in nine focus groups, recruited from hospital-based work settings from across the five Central and Eastern European countries.

The study identified smoking as the only perceived sanctioned reason for taking a break. Nonsmokers were perceived to have received fewer breaks than nurses who smoked—which incidentally, has been substantiated in quantitative studies conducted in the United States, Petersen said. Studies in the United States have found that nonsmoking nurses are much more likely to miss work breaks than their smoking colleagues.

Work or rest breaks have been associated with many benefits, including improved job satisfaction, less burnout and stress and even decreased patient death rates, Petersen said. "The lack of guaranteed equitable work breaks was perceived as a significant factor impacting nurses' smoking behaviors," Petersen said.

The Nurses from the Central and Eastern European countries shared that smoking breaks not only provide rest from work, they also allowed time for them to socialize with their fellow nurses and create a sense of solidarity amongst them. The social aspect of the smoke break was an additional barrier to nurses when attempting to quit.

In a previous article based on the same data, Dr. Petersen and her

colleagues explored the attitudes of nurses, who were former or current smokers, toward smoking cessation interventions for their patients as well as for themselves. They were able to identify five common factors that hindered nurses from quitting, including environmental cues, proximity to smokers at their work or home, relapse after pregnancy, stress and nicotine addiction, and misconceptions about the dangers of smoking.

In addition, this study found that, witnessing the consequences of smoking through their patients, concern for personal health, family support, and pregnancy were all factors that facilitated nurses quit attempts. A majority of the nurses agreed that they should set a healthy example for their patients and be active in helping their patients quit. Additionally, over half the nurses desired education and training in tobacco control.

Dr. Petersen explained that changes in healthcare systems and policies are needed to support nurses' quit efforts and wellbeing. "We need to provide additional education to ensure that nurses, administrators, and policymakers understand key issues related to smoking and interactions with patients," she said. "Supporting nurses' efforts to quit is critical to strengthening the profession's impact on the prevention of tobacco-induced diseases," said Petersen.

"In addition to promoting comprehensive smoke-free programs, one of the most supportive actions employers can take to assist nurses to quit and stay quit is to ensure that all nurses have equitable access to work breaks."

"One of the most supportive actions employers can take to assist nurses to quit and stay quit is to ensure that all nurses have equitable access to work breaks."



School of Nursing's first male dean starts on the job at Loma Linda University

New associate dean for graduate studies works to change nursing's climate and reputation

By Janelle Ringer



SHAWN COLLINS, PHD, DNP, CRNA filled the role of new associate dean for academic affairs and graduate studies for Loma Linda University's School of Nursing, becoming the only male dean for a Seventh-day Adventist nursing school in the United States. Collins hopes to educate the next generation of nurses, while also shattering the stereotypes of men in nursing.

Collins has been a nurse for 30 years, with his mother and grandmother serving as nurses before him, providing him valuable insight into the job. "I see the climate of the profession changing," he said. Not only are more men entering this female-dominated field, but as nursing continues to develop as a profession, Collins said greater emphasis is being placed on theoretical frameworks and research. "This has led to greater importance on critical thinking, leadership training and advanced practice roles," Collins said. "These benefit our communities as healthcare changes and economic pressures increase."

As Associate Dean for Graduate Studies, Collins will support two

“The School of Nursing Programs are in high demand, and in an era where an emphasis is placed on growth, the key to that growth is building relationships with clinical partners so there is space for those students.”

Master’s tracks — one for nurse educators and one for nursing administration — and a PhD program. The school also currently offers eight clinical doctorate tracks. “Most programs are in high demand,” Collins said. “Student outcomes are excellent with very high pass rates on all programs that require a national certification exam, which is absolutely a reason to be proud.”

Collins’ outlook for the future of the program involves collaborating with community and clinical partners. “Building on the foundational relationships of those who came before me is key to taking advantage of those growth opportunities,” he said.

The Christian atmosphere at the school is one thing Collins cited as a refreshing attribute. “Coming from a public university environment, I had to walk a tightrope when it came to talking about Christian values,” he said. “I gained insight and experience with demonstrating those values, rather than overt expression.”

One of the challenges Collins said he’s prepared to face in the role is strengthening the relationships with clinical sites. “The School of Nursing Programs are in high demand, and in an era where an emphasis is placed on growth, the key to that growth is building relationships with clinical partners so there is space for those students,” he said.

The hard part of a leader’s job is not the tasks that need to get done, but human interactions, Collins said. “I always have this at the forefront of

every interaction — demonstrating you care, and listening, are key to success,” he said.

Collins seeks to be the type of mentor who people can look to for years to come. He credits Margaret Faut-Callahan, a CRNA who served many years as the director of Rush University’s Nurse Anesthesia Program, as one of his greatest mentors, saying she influenced his decision to work in the field of nursing. Faut-Callahan also served as Dean of Nursing and then Provost at Marquette University, and now as Provost for all Health programs at Loyola-Chicago. “As an advisor for both my DNP and my PhD Dissertation, she has always pushed me to do my best, never settling for less than nursing deserves, while also being a rock of knowledge.”

Prior to accepting the position, Collins served as the director of a nurse anesthesia program at Western Carolina University (WCU) for 13 years. Collins started the Doctor of Nursing Practice program at WCU, serving as its first director, and has maintained his clinical

practice as a CRNA through his entire tenure. His practice as a CRNA over the last 24 years has included open heart, trauma, OB/GYN, general and orthopedic type procedures. Most of this has been in all-CRNA critical access hospitals in rural areas.

“If someone is considering a masters or doctorate in nursing, I would tell that a key for the future of healthcare is advanced practice nursing,” Collins said. “If you want to advance your career while providing bedside care for patients, an advanced degree in nursing is for you,” he said. Once you have decided on advancing your career, you will need to decide on a practice focus or a research focus. Regardless of which you choose, Collins said you will be serving others in an advanced role for the profession consistently named as the most trusted profession. “The bottom line is there is no good time,” Collins said. “Take the leap!”

“We are here to be the hands of Jesus Christ, from a caring profession of nursing, to make you whole — not just physically — but by providing spiritual and mental care as well.”

A REMARKABLE CALLING TO INSPIRE STUDENTS

*New Undergraduate
Program Director sees
her job as a mission*

By Janelle Ringer

A **S A NURSE**, Brandie Richards, DNP, FNP-C, CCRN, RN, couldn't imagine being anything different. That was until she was faced with the opportunity of being a teacher. Richards, who recently accepted the position of Undergraduate Program Director for the Loma Linda University School of Nursing, has had a natural ability to make a change in the lives of the people around her.

During her time as a critical care nurse, Richards has cared for some of the most seriously ill patients. "I never thought I wanted anything other than clinical care, but teaching the critical component to future nurses is where I have the most fulfillment," Richards says. "Being able to share that with other people brings so much joy. It's really more a mission than a job."



Richards has been the course coordinator for the critical care class in the undergraduate BSN program at the School of Nursing since 2012. This particular point in the program sees students pooling much of the knowledge from their previous coursework and apply it to caring for patients in critical condition. The associate dean of the undergraduate nursing program, Barbara Ninan, EdD, MN, RN, said, “Brandie works hard to prepare students for the demanding field of nursing. The students appreciate the fact that she is well organized and has clear expectations of them. She goes out of her way to support student success and is a visionary within our school.” Richards sat down to talk about her new role, who has influenced her in the field and what challenges she thinks she’ll face:

What does this new role mean to you?

I never thought I wanted to be anything other than a nurse, until I was a teacher. Then, I never thought I wanted to be anything other than a teacher, until I found out that I could make a change on a larger level and make a difference in the lives of nursing students. Becoming a nurse is a lot of hard work, and dealing with the challenges of the profession can be difficult.

I envision my role as one where I’m able to work with other teachers and providers to change up the classroom and see where things may be missing. I don’t want to manage people; I truly want to help educate students and even teachers who are looking to change the way they demonstrate nursing skills to students. Sometimes, that may mean implementing visual or tactile components to a lesson to make sure students are the most engaged.

What is the role of this new position of Undergraduate Program Director?

In addition to continuing my work as the course coordinator of critical care, I’ll be the liaison for both the Student Nurse Assistant Program and the nurse externship program; supporting and guiding the faculty

“We want people to know that after going through one of our programs, LLUSN students are the most prepared and will provide top quality whole person care.”

and clinical instructors. I couldn’t give up the critical care classes, but in addition to those, I’m excited to be working with students, further developing curriculum, and strategizing with the program coordinators to make sure our students are taught in more effective ways.

What programs will you oversee?

The programs I’ll oversee will be the BS in Nursing, BA/BS to BSN, which is a program for students with previous Bachelor’s degrees in other areas, and LVN to BS in Nursing, which will all prepare students for rewarding careers as a Registered Nurse.

Where did you get your training?

I graduated from Cal State Fullerton in 2004 with my BS in nursing, but I actually earned both my masters and doctorate at Loma Linda University School of Nursing in 2015 and 2019, respectively.

What’s your vision for this program?

I hope we can create a program that meets the needs of the students who come in, young and old. By the time our students graduate, we’ve done our jobs if we’ve given them the tools they need to be successful. We want people to know that after going through one of our programs, LLUSN students are the most prepared and will provide top quality whole person care.

Commencement 2019

READY TO CHANGE THE WORLD

By Janelle Ringer

LOMA LINDA UNIVERSITY SCHOOL OF NURSING graduates collected their degrees at a commencement ceremony on June 16, with their families cheering them on from the audience. The class of 2019 graduates received bachelor's, master's or doctoral degrees. They are the 113th class to graduate from the school since its founding in 1905.

This year, the School of Nursing had 304 students graduate from its various undergraduate and graduate nursing programs, including 34 graduates from the Off-Campus program site in Thailand. The school's dean, Dr. Elizabeth Bossert noted the significance of this, saying, "This off-site program has been around for almost 15 years, offering graduate degrees to Adventist nurses overseas. We're happy to share that we now have over 100 nursing graduates from over 30 countries representing Loma Linda nursing."

The academic procession began as the crowd of families and friends found seats and students enjoyed their few final moments together before starting on the next chapter of their lives. Dr. Bossert reflected on this significance of the occasion saying, "The commencement ceremony is such a special tradition for our school. It is the only time when students from all of our various programs are in one place celebrating a shared accomplishment like this."

As the graduates began to file into the Drayson Center, the University Church Brass Ensemble began a prelude. Ronald L. Carter, PhD, University Grand Marshal, carried the university mace ahead of the members of the President's Party and LLU Administrators.

Commencement speaker Keri K. Medina, DSNc, RN—who serves as an assistant professor for the school, said "We chose nursing because we have the heart of one.



Because we can change the world." It should be noted that Dr. Medina was nominated through petition to be the commencement speaker by a collection of students from both undergraduate and graduate programs. Many students cited her as an important figure in their personal nursing journeys.

Medina urged graduates to step up and become part of a greater, world-wide nursing family. "Find a mentor or two from within this nursing family to help you thrive, and also be a mentor to one or two others, so that the family will continue to grow," she said.





Qualities of service, academic excellence and innovation were celebrated in a number of graduates who received awards during the ceremony:

Dean’s Award, Undergraduate Degree: Joel Larsen.

Dean’s Award, Graduate: Ye Ji Shin.

The President’s Award—the highest honor a school can give to a student—was given

to Cherie Pefanco, who graduated today with her PhD in nursing. Pefanco came to the United States from the Philippines in 2004 to study cardiovascular nursing. Pefanco worked as a resource nurse and then joined the Community Regional Medical Center in Fresno, known in part for its high volume of cardiovascular surgical cases.

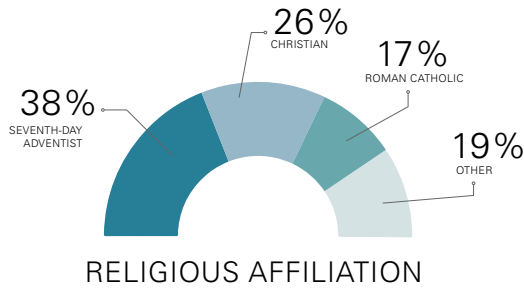
Pefanco worked with state, national and international experts in cardiac surgery risk prediction, becoming a trailblazer in risk prediction modeling in cardiovascular nursing. Pefanco has displayed excellent academic performance, passion for innovation and genuine interest for growth.

In addition to second degree graduates and veterans within the class, Dr. Bossert took a moment to highlight the significant number of first generation students receiving their degrees. This is a growing population within the LLUSN student body indicates an important shift in the landscape of nursing education.

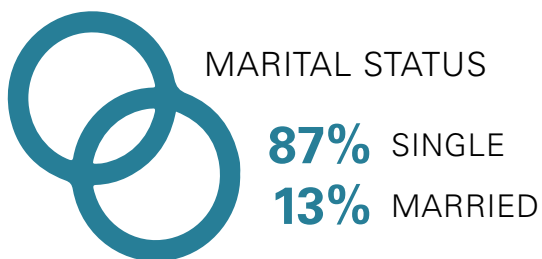
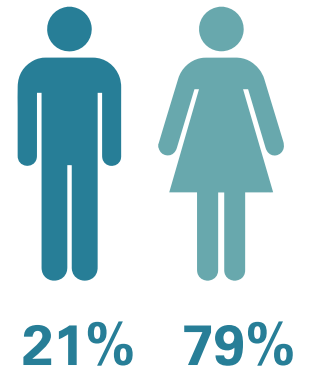
After the awarding of diplomas, Undergraduate Senior Class Co-Presidents Joel Larsen and Louiedette Maling led the graduates in the nurses’ pledge before dismissing the graduates for the recessional.

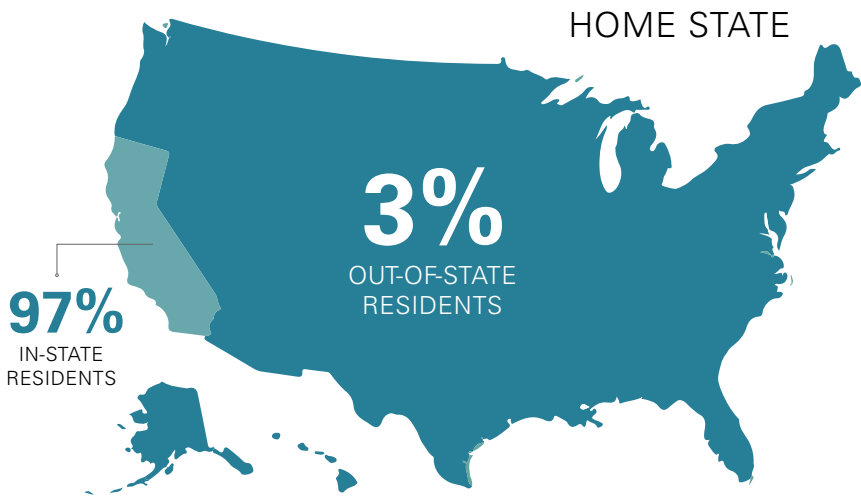


Class of 2019 BY THE NUMBERS

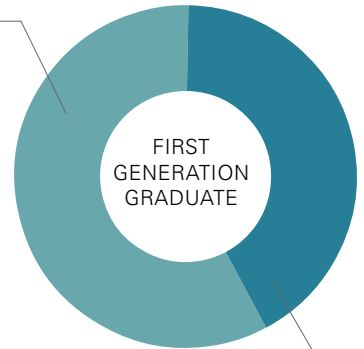


CLASS GENDER





58%
NOT FIRST GENERATION

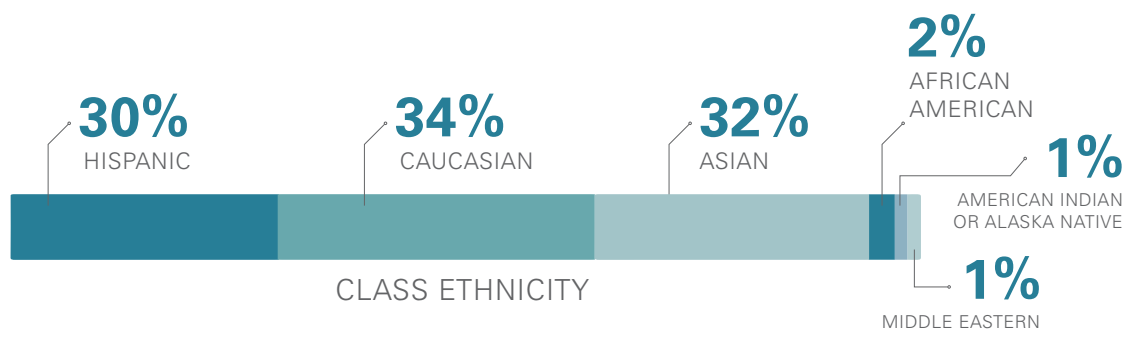


AVERAGE AGE
29

42%
FIRST GENERATION GRADUATE



RN-to-BS
30



HOMECOMING WEEKEND 2019





Loma Linda University School of Nursing brought a dynamic mix of time-honored traditions and exciting new features to the 2019 Homecoming Weekend festivities. The air of nostalgia was complemented with number of discovery experiences for the returning alumni as they returned to West Hall and celebrated the school's 114th year. The weekend's programming included an interdisciplinary continued education conference, an alumni symposium highlighting new school developments and a one year reunion for the Class of 2018 hosted on an LLU parking structure rooftop. The weekend was rounded out with a selection of class reunions as well as the LLUSN Homecoming Brunch at the Mission Inn Hotel in Riverside honoring the classes of 1959, 1969, 1979, 1994 and 2009.



CLASS OF 1969

Barbara Ninan,
EdD, MN, RN
Bonnie Meyer,
MS, RN

As sisters, classmates and now colleagues, Barbara Ninan and Bonnie Meyer have made a profound impact in their careers as nurses and on the School of Nursing. Thusly, their class presented them with a dual nomination for alumni of the year at the Class of 1969's 50th anniversary Homecoming Weekend.



ALUMNI OF THE YEAR

BARBARA NINAN was born in Loma Linda and moved to Brazil as a young child where she grew up. Because her father worked in hospital administration she grew up around nurses and doctors and wanted to be a nurse that took care of the babies.

Returning to the US at 17, she graduated from La Sierra Academy and took pre-nursing at La Sierra University. She never considered any other profession and was thrilled when she was accepted into the nursing program at Loma Linda University. After graduating she started her career in Critical Care nursing at Loma Linda University Medical Center but after one year moved to her childhood dream of becoming a labor and delivery

nurse. She became a float nurse and worked in Labor & Delivery, Post-Partum, Newborn Nursery, Neonatal Intensive Care and OR & Recovery for C-Sections and GYN Surgery. Barbara also taught childbirth education for many years. In 1986, she became a certified Lactation Educator and a nurse manager. Barbara immediately began working to lead the challenging change from the traditional delivery in the OR with no support person for the mom to today's practice of labor and delivery in the same room with dad or other support person present. The next change she tackled was to break the tradition of keeping babies in the nursery and only taking them to the mothers at feeding time. Barbara got her first computer at work soon after she became a

nurse manager and immediately saw how the use of the computer could make their jobs easier. She worked with her first "1 person" Information Systems Department to design, develop and implement a computerized patient log system to track OB and neonatal patient and generate multiple required state reports for the State. Barbara had the privilege of working closely with the state for LLUMC to become one of the first certified Newborn Hearing Screening Programs in California. After implementing this program 100% of infants born at LLUMC were screened for hearing loss. While working at the medical center, Barbara was honored to receive the Good Samaritan Award in 1995 and the Spiritual Life Service Award in 2008.



/ 2019

In 2009 she finally made the move to become faculty at the School of Nursing. She soon learned that she had a passion for helping students who needed extra support to become successful. In 2015 she completed her EdD degree from Walden University and became a Certified Nurse Educator. Shortly after she accepted the position of Associate Dean for the LLUSN Undergraduate Program. With the support of the LLUSN faculty, Barbara asked the question: “How can the school of nursing revolutionize its program in order to maintain relevance and meet the needs of the changing healthcare landscape?” The school revised and implemented a new curriculum framed by this question and continues to strengthen it.

BONNIE MEYER has fond memories of her childhood growing up in Brazil, the child of missionary parents. Her passion for teaching was cultivated during her time spent attending a Brazilian Adventist High School where she tutored students in English and Algebra. She received her B.S. and M.S. (with double emphasis in Parent Child Nursing and Psychiatric Mental Health Nursing) degrees at LLUSN. She recalls the year she was capped by her great aunt Hazel Meyer who was also an alumnus of LLUSN and alumni of the year honoree at her own 50th class reunion. Bonnie Meyer has been a nursing educator for over 45 years. Her commitment to aid in nursing students’ success started after she passed her state boards and immediately began to tutor other nursing students for their state boards. She taught at Walla Walla College School of Nursing and Loma Linda University School of Nursing in the areas of Obstetrical Nursing, Psychiatric Mental Health Nursing, Public Health Nursing, Health Promotion and the senior practicum. While teaching at Walla Walla College School of Nursing she partnered with another teacher in developing and teaching a week-long State Board Review Course, one of the first in the Portland area, as well as one of the first in the nation. For several years Bonnie Meyer worked at multiple sites during the summer as an instructor for Stanley H. Kaplan Educational Center and gave lectures for NCLEX preparation classes in all content areas. Throughout her nursing career,

Bonnie Meyer has published and presented articles on various topics such as handling difficult student situations, wholeness approaches for dealing with depression, promoting spiritual care in nursing and maturing critical thinking skills in nursing students. In 1989 Bonnie Meyer was awarded the Thomas and Violet Zapara Excellence in Teaching Award and the Spiritual Life Service Award in 2008. She currently serves as the Director of Academic Center for Excellence at Loma Linda University School of Nursing, where she continues her dream of helping students succeed. Bonnie Meyer became certified as a Health and Wellness coach in 2014 and is currently working on becoming certified as an ADHD Life Coach with the goal of using this knowledge to further aid students in their academic and personal success.

Bonnie balances her academic life with family and hobby interests. Her family circle includes four children, seven grandchildren, and one great grandchild. She is learning to play hammered dulcimer, piano, and mandolin and enjoys performing at the Folk Music in Claremont, CA. Walking in nature brings solitude and relaxation.

Bonnie’s future endeavors are varied and include performing music at extended care facilities to bring joy to the residents. She is planning retirement in the next 3-4 years which will allow more time for music and coaching. She always acknowledges that it has been a great privilege to work as an educator and support academic excellence in students.

Homecoming Honor Classes & Merit Scholars



Class of 1959 A



Class of 1959 B



Class of 1969 AS

1959 A: *Front:* Marilyn Bennes- Herron; *Right:* Helen Emori-King; *Back:* Janet Apo-Loh, *Left:* Kathryn Wooley- Hinson; **1959 B:** *Front:* Claudia Tibbs, Winona Finney, Barbara VanOrnam; *Middle:* Lois Fahlsing, Gloria M. Harris, Donna Hall, Barbara Caddel, Karin Fenz, Naomi Oshita; *Back:* Nancy Strawn Anderson, Sharon Wakefield- Miller, Martha Isaac-Harmon, Alta-Jean Paul, Irene Moon

1969 A.S.: *Left to right:* D. Sue Shawler, Margaret Stephens, Diane Kovach



Class of 1969 BSN

1969: *Front:* Judy Morir-Springer, Nancy Mock Hackett, Donna Moshos-Shank, Clair Slepnikoff-Reid, Hannah Leim-Young, Margie Okamura-Hata, Esther Chang Tan, Joan Hagen-Hughson; *Middle:* Alice Loo, Marja Halminen, Peg Wilson, Marlys Jacobson, Carolyn Cronin, Cheryl Bryant, Betsy Cuttingsears, Gloria Tym Pierson, Elaine Yamaoto Tsai, Sharon Ordelheide, Judy Rentschler, Eleanor Uyeyama, Carolyn Hammonds; *Back:* Jo Lynn Waller, Bonnie Myer, Barbara Morrison, Nikki Clark Allen, Teresa Eaves Nelson, Laura Nyirady, Christine Gerken Neisn, Judy Toews Cutts, Barbara Webster Nahorney, Barbara Meyer Ninan, Loa Jordan



Class of 1979



Class of 1994



Class of 2009

1979: *Front:* Betty Lee, Connie Allen, Connie Chun; *Middle:* Linda Hulse-Burton, Karen Franke Bailiy, Patricia A. Wolfe; *Back:* Andrea Widmer Barker, Cheryl Barr, Jennifer Barker, Kimberly Collier-Endress, Melinda Steinhoefel; **1994:** Sabina Sliney; **2009:** *Left to right:* Joe Krpalek, Lauren Matsumoto, Christopher Bower-Fjellstrom



Merit Scholarship Winners

(From left to right)
Li-Hsin Chen,
Madison Bishop,
Nicole Gooch,
Sheyla Hughes,
Meliza Lastica,
Amy Schaffner,
Hayley Schneider,
Jessica Ardon,
Lydia Larsen,
Fausat Oladipo.



LLUSN Faculty member selected as American Academy of Nurse Practitioners fellow

Lisa R. Roberts presented with the highest honor a nurse practitioner can receive

Lisa R. Roberts, DrPH, FNP-BC, CHES, RN, associate professor and research director for the Loma Linda University Health School of Nursing was announced as one of 64 nurse leaders from California selected for induction as fellows

by the American Academy of Nurse Practitioners. Roberts' induction brings the total fellows up to approximately 700 out of more than 235,000 nurse practitioners in the country.

Fellows are invited and selected based on accomplishments across two of four priority areas: research, practice, education and policy. It is an honorary recognition dependent on significant contributions to the profession, Roberts says. Being selected as a fellow has been considered the highest honor a nurse practitioner can receive.

Her candidacy into the academy was supported by her research on the grief that parents in India experience after the passing of a child during pregnancy, birth or in the first month after their birth along with a parallel line of research among Indian immigrant women in the United States.

"It is both exhilarating and humbling to have been accepted as a fellow," Roberts said. "It is an opportunity to celebrate the nurse practitioner role and a responsibility to continue to serve with heart."

Roberts also notes that these fellows promote excellence through many activities in alignment with American Academy of Nurse Practitioners' mission. "In general, fellows promote excellence, initiative, innovation and professional contribution," she said.

Roberts has served at the School of Nursing since 2012 focusing on a variety of research surrounding nursing interventions and public health programs to address the needs of vulnerable populations in the United States and abroad. Roberts' clinical focus has been prevention and primary care. In 2019 she co-authored the book, 'The Maternal Health Crisis in America.'

Extraordinary contributions to healthcare earn nursing researcher national recognition

Elizabeth Johnston Taylor's service to the profession highlighted by her induction to academy

Elizabeth Johnston Taylor, PhD, RN, professor and researcher for the Loma Linda University School of Nursing was one of only 12 nurse leaders from California selected for induction as fellows by the American Academy of Nurse Practitioners (AAN). Johnston Taylor was inducted into the AAN during its annual policy conference in Washington, D.C. in November of 2018.

With the addition of this class, AAN fellows represent all 50 states, the District of Columbia, and 29 countries with more than 2,500 nurse leaders in education,

management, practice, policy and research.

Induction into the fellowship is based in part on evidence of significant contributions to the fields of both nursing and healthcare as well as sponsorship by two current Academy fellows. Johnston Taylor's passion for research and education supported her candidacy.

Johnston Taylor's research investigates spiritual, existential and religious responses to illness and nurse spiritual care perspectives and practices. "My research required development of new measures that now are used internationally by researchers and clinicians," she said.

Johnston Taylor's research has been published in four books, 32



chapters and multiple peer-reviewed journals which inform the teaching and practice of evidence-based spiritual care globally. Her most recent published work is 'Fast Facts About Religion for Nurses', released in 2019. "I will continue to promote spiritually sensitive nursing practices that are evidence-based, ethical and healing through my ongoing research, publications and teaching," she said. The substantial contributions Taylor has added to the field have taken steps to intertwine spiritual and physical healing.

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IN MEMORIAM



**FRANCES PENELOPE
GUSTAFSON MILLER,
PHD, MS, RN**

**April 7, 1940 –
December 2, 2018**

Penny, as she was known to her friends, was born in Hinsdale, Illinois. At a young age Penny, her parents, Pearl and Bill and her younger sister Jackie moved from Illinois to Wisconsin and later to Florida. For high school, she attended Wisconsin Adventist Academy and Forest Lake SDA Academy. At 16, Penny experienced her first calling as a nurse's aide. She loved patient care and hospital work, and felt she was "destined" to study nursing.

Penny spent four years doing public health nursing in Illinois and Minnesota, before studying basic nursing education at Andrews University, where she met Donald R. Miller, the man she would marry in 1961. They later moved to California so that he could pursue medicine at Loma Linda University.

Penny completed her B.S. degree in nursing from Loma Linda University in 1964. Don and Penny moved back to the midwest for Don's fellowship and residency. During these years their daughters Shelly and Sherry were born. In 1970, Don and Penny moved back to Loma Linda where Penny would earn a master's degree in Community Health Nursing in 1972. Penny soon joined the Loma Linda School of Nursing faculty, where her professional career would span nearly four decades and led to numerous accolades for her nursing service, research and work teaching nursing.

In 1985, she completed a Ph.D. in Education Administration from the University of California at Riverside. Penny and Don provided many years serving on the advisory council of Adventist Today as well as the Association of Adventist Women. They helped to fund the Women's Resource Center at La Sierra University in 1996. Dr. Miller was awarded "Woman of the Year" by the Association of Adventist Women in 1993.

For years, Penny chaired the Gender Inclusive Taskforce of concerned members residing within the Southeastern California Conference (SECC) region of the Seventh-day Adventist Church. She is well known in the Adventist church for her dedication to the advancement of women within the church.

Penny and Don retired in 2008 and continued their travel adventures until Don's health began to fail. Penny tirelessly and with great devotion took care of him until his passing in 2014 at the age of 81. Penny lived an incredibly full life, and remains deeply loved and missed, by all who knew her.

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