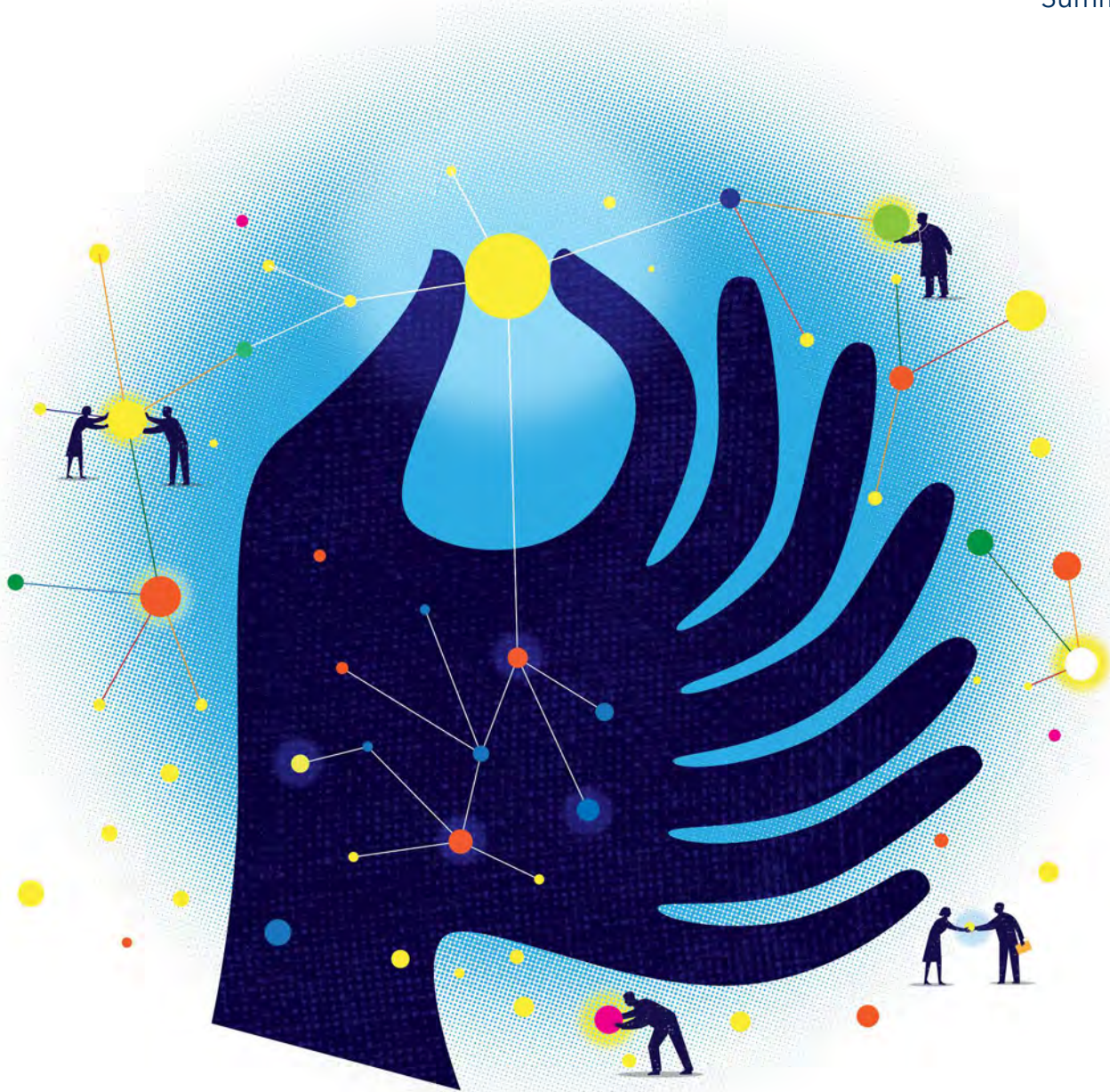



NURSING MATTERS

Summer 2017



BIG DATA FINDING ITS MARK

Meet the UMSN researchers working with clinicians and researchers across the health sciences to usher in a new era of health care. **p. 8**



Family Nurse Practitioner student Elizabeth Mitchell assists a patient at the U-M Student-Run Free Clinic in Pinckney, Michigan.

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A question started nagging at UMSN Assistant Professor Sarah Stoddard when she began working as a public health nurse almost 20-years ago. Her disquiet foreshadowed her future as a researcher.

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Nursing is personal for alumnus Joseph Morris, Ph.D., BSN '97, MSN '02. That passion has propelled him to the highest levels of nursing in the state of California.



LEADERSHIP INSIGHT

Q&A WITH DEAN

PATRICIA D. HURN

UMSN Dean Patricia D. Hurn, Ph.D., RN, recently sat down with John Shaver (BSN '17), to discuss her first year as dean; nursing's role in the future of health care; and the importance of innovation, diversity, equity and inclusion at UMSN.

John Shaver (JS): What stands out to you about the people here at UMSN?

Patricia Hurn (PH): It is an exemplary group of people all around—our students, faculty, staff and alumni. Rarely do you find such uniformity of talent and passion across all those different groups within one institution.

Our students look at nursing as a field where you can do so many things. Whether it is research, clinical practice or health policy, our students have a broad vision for themselves and what they can accomplish in nursing. And I think our faculty and alumni are part of the reason why Michigan nursing students feel that way.

The faculty, who are driving discovery and innovation through both research and clinical practice, are all first rate. Together with our alumni, who are so passionate about our school and truly care about its future, the breadth of their collective expertise and knowledge not only attracts highly qualified students, but it also illustrates the ever-expanding role of nursing. The staff are the ones who keep everything running so well here. They are so talented and really committed to our school, and especially to our students.

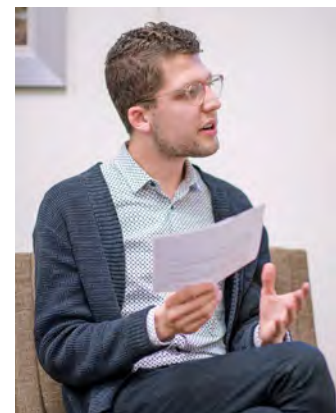
JS: You have talked about nursing being poised to lead innovation in health care and health science. Can you explain why you believe that?

PH: First, let's talk about how to define innovation. When you think about how to find solutions for issues we have in health care, higher education and health policy—all areas in which nursing is involved—it's about finding ways to do things differently.

Sometimes you need to get into a risk-taking, experimenting frame of mind to find a new solution. To me, that's what innovation is really all about. Nursing needs to embrace that frame of mind now more than ever, instead of simply doing what it is expected to



Shaver will remain at UMSN to complete his Ph.D. as part of the Hillman Scholars in Nursing Innovation Program.



do. And I'm not talking about changing scope of practice, but rather about what it is that each nurse will do within their career—what they are passionate about. How will they pursue solutions in the area of nursing they work in? It has to be different than how it's always been done in order to lead innovation.

The health care system in this country is under incredible scrutiny. It's expensive, and we know that outcomes are hardly acceptable given those costs. I think nursing can lead the way in improving health care administration because nurses work closely with patients. But in order to take the lead, we need to think differently. We can't be afraid of that.

Nursing is the fifth largest profession in the country, and it is the most trusted profession in the country. It falls on our shoulders to be leaders in health care innovation because of our sheer size, our trusting relationship with patients and the unique way in which we deliver care.

“I think nursing can lead the way in finding a better way to administer health care because we are the ones who work closely with patients. But in order to take the lead, we need to think differently.”

How do we prove that nursing is poised to lead innovation? There are a number of ways that nursing is demonstrating that right now. For example, advanced practice nurses have the capability to provide care in a very different way than has been traditionally done by physicians and physician assistants. We have to experiment with those types of roles to see if that is actually going to

make a difference. Those are the kinds of things that we have to experiment with and then evaluate the outcomes. If it works, then we know where to go next.

JS: It seems that nursing schools like UMSN are broadening the scope of their research involvement. How has research at nursing schools evolved over the years?

PH: When the nursing profession first began to do research it took a lot of time studying itself, asking questions about how it delivered care and what the definition of nursing was.

Then our research started looking at how nursing care impacted disease within the context of other disciplines, like medicine. And then it morphed into things that were more unique to nursing, such as symptom management and redefining research around biobehavioral concepts, instead of traditional medically identified areas. This is an area that has really grown in

health policy and that shapes the health care system at a multitude of levels.

Most recently, our profession has made large inroads into patient safety and quality of care. Nursing research started by defining its parameters, moving into a medical model and then moving out of that into more of a nursing model.

How do we take care of patients at all levels in a way that is safe, and how do we really assure quality outcomes? We have a lot more to learn about that.

JS: Why are diversity, equity and inclusion (DEI) important to the success of our school, and what are we doing to attract a more diverse set of undergraduate and graduate applicants?

PH: Diversity makes you smarter, and I believe that to my socks!

I think this school—in terms of race, ethnicity, gender and many other areas we look at in order to define diversity—is moving in the right direction, but we are still far from where we need to be.

People think more effectively when they are talking to someone who doesn't look or think or act exactly like them. Diversity guards against rigid thinking.

What are we doing? Well, John, you're on the DEI implementation group here at UMSN. Our implementation team does a great job of keeping its finger on the pulse of what is effective and what's not.

We have hired Dr. Rushika Patel as our new Director of Diversity, Equity and Inclusion to get up every day and think about this. And as a dean I think about this a lot, too.

There is a drive in our students and our faculty to understand that we have to make this work. We have to get this right. We'll be smarter and fairer, and our school will be a better place for everyone to come and learn and advance nursing knowledge. ■

OUT AND ABOUT





1 Kathleen Whitney, Sally Enderle and Charlotte Hebler, members of the Class of 1966, tour the new School of Nursing building during reunion activities in October 2016.

2 Rylie Haupt, member of the Class of 2017, demonstrates the use of simulation in nursing education to alumni during the Michigan Seminars in Florida.

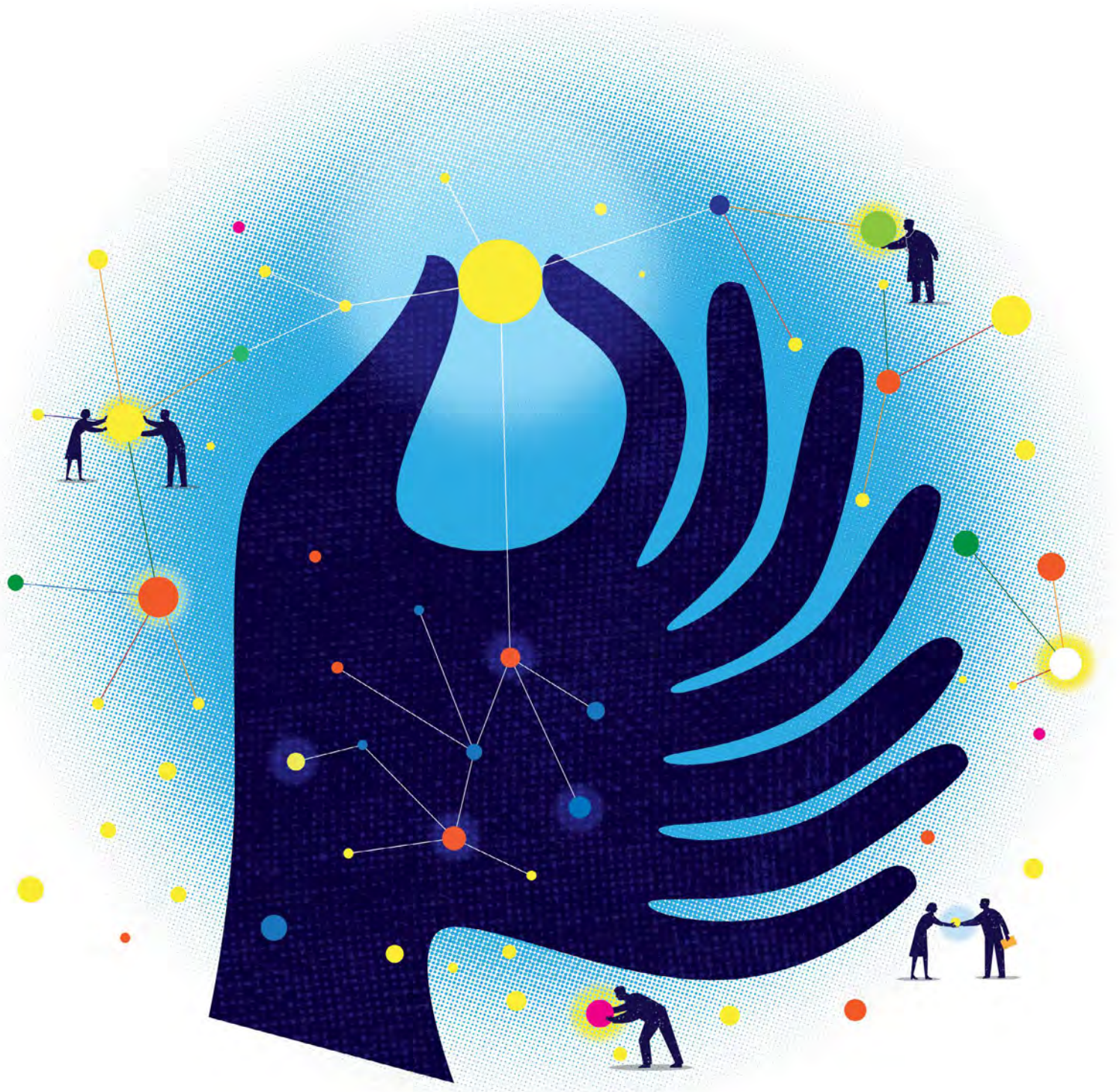
3 Students show off new t-shirts received during U-M's annual Hail Yeah! day. Events are held across campus for students to send thank you notes to alumni donors.

4 Dean Hurn with the commencement student speakers, Anne McLeod, Leyla Berry and Jennifer Zybert, representing the doctoral, master's and BSN programs, respectively.

5 Joanne Disch Ph.D. '85, Jo Horsley BSN '62; MS '68; Ph.D. '71 EDU, Margie Reynolds Ph.D. '81, Joyce Crane Ph.D. '89 EDU and Jane Barnsteiner Ph.D. '84. Horsley and Crane were in the first cohort of Ph.D. faculty at the School of Nursing and Disch, Reynolds and Barnsteiner were their students. They had not seen each other in 30 years.

6 Hillman Scholar Alex Fauer explains his research during the poster display at Dean's Research Day in April 2017.

7 Ph.D. students Rob Knoerl and Grace Kanzawa-Lee share a laugh with retired faculty and Ph.D. '85 Carolyn Sampselle, with back to camera, and Debra Barksdale, Ph.D. '02, right, during an active discussion at the Ph.D. reunion in April 2017.





BIG DATA

finding its mark

The U-M School of Nursing has produced brilliant caregivers throughout its 126-year history with alumni on the job in clinics and hospitals the world over. Now, though, the times are calling for UMSN graduates to lead in an area removed from conventional caregiving. Nurses and other clinicians on the front lines are not just at bedsides but in front of EHR (electronic health record) screens, interpreting patient information. Behind these frontline caregivers stand ranks of researchers highly skilled in mining, harmonizing, wrangling, synthesizing and drawing usable results from the growing mountains of information called “big data,” much of it harvested from clinical information systems and devices that form “the Internet of things.”

Written by David Pratt

The amount of data at our disposal doubles every 12 to 14 months, yet our ability to process it doubles only every 18 months. We are the Sorcerer’s Apprentice, the brooms are our machines, and the water is rising.

How do we channel all that “water” to do the most good for humankind? If treated, manipulated and visualized in the right way—a way we might not even have imagined at first—those bursting repositories might yield clues to a patient’s risk for disease or death. Furthermore, those repositories may inform highly personalized health care, might inspire innovations in the ways clinicians jointly interact with the data itself to transform health care planning, and might lend new insights into the ways we organize our health care delivery systems. We are still in the early stages of realizing the benefits big data can deliver.

But, based on what we want to know, how do we identify the right data? Where are these data buried, and how? With big data, you don’t start with a hypothesis, e.g., “We should dig here to prove X,” like a dog digging for a bone. With big data, we may be digging for a whole skeleton without knowing it. And unlike the dog, we do not cast aside the dirt. We learn from it, too. Context and relationships of data matter. Finding and visualizing those relationships makes masses of often highly imperfect data usable. At the School of Nursing, working with big



Ivo Dinov

data sets is part of an exciting research agenda—one broader than that of many nursing schools, and one that has involved many from outside the nursing profession.

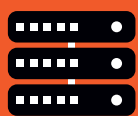
Among these is Associate Professor Ivo Dinov, Ph.D., director of the Statistics Online Computational Resource (SOCR, which makes hundreds of data analytics applets and thousands of online resources available at socr.umich.edu). Dinov believes big data will “shape the next generation of health scientists, advance health science education, and have a powerful impact on patient care.” Toward this end he has, unlike many researchers, made his own work in the field entirely public via SOCR and other channels.

DEFINING BIG DATA

If you are annoyed by the ambiguity of the phrase “big data,” because you’ve never been sure what it means, know that, even among researchers, there is not complete agreement.

Researchers do agree that big data sets can be characterized in terms of “five V’s”—tremendous volume, variety, velocity, variability, and questionable veracity of individual records. Big data can be so big—Dinov is working with one set of two petabytes, that is, two billion megabytes—and so non-homologous that we can’t approach it with conventional analytics. Rather, we let it approach us, or at least meet us halfway.

The five V’s of big data



VOLUME

The scale of data.



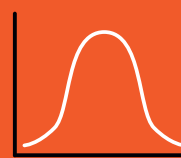
VARIETY

Data comes in different forms. Structured data are easily searchable like spreadsheets. Unstructured data include disorganized information like tweets and video.



VELOCITY

The speed of data processing. These days a great deal of data are available in real time, such as social media posts.



VARIABILITY

How spread out the data are.



VERACITY

The accuracy of data provides confidence during research.

Via “machine learning,” it is the actual processing of the data—within parameters that we determine—that finds patterns that might point to the causes or predict the progression of a disease, or might pinpoint inefficiencies in a patient’s clinical and administrative journey from ER to recovery.

FINDING APPROVAL

It took time for machine learning to gain acceptance. Dinov’s colleague and collaborator, UMSN Associate Professor Patricia Abbott, Ph.D., RN, FAAN, remembers when she entered the field in the 1990s.

“I looked at huge amounts of data with no a priori hypotheses,” she says. “They told me, ‘You’re fishing. You have to follow a biomedical model. You must have a research question.’” Abbott’s critics turned out to be wrong. She wasn’t fishing. But it says something about the nature of big data and our relationship to it that, even today, she speaks of “wandering around” in big data sets.

Trained as a nurse, Abbott got the analytics bug when she brought together the Minimum Data Set collected by the U.S. Government from Medicare- and Medicaid-certified nursing homes; and previously languishing longitudinal clinical data on the health of individual nursing home residents. Linking government data (much of it messy) to facility-level data allowed Abbott to examine questions related to nursing home funding, staffing ratios, and other health and administrative issues. “Following the money” (and saving it) is often the reason for excursions into big health data sets.



Patricia Abbott

Abbott then became interested in data visualization. You can feed a machine the high volumes of data being discussed here, but the patterns found may not make sense or be actionable until they are visualized and interpreted.

“Looking for patterns is a skill,” says Dinov, and Abbott adds that that includes knowing when you are not onto something.

She cites the Dilbert strip in which Dogbert tells the boss, “Sales to left-handed squirrels are up, and God doesn’t like your tie.” As Abbott puts it, “Patient deaths might legitimately correlate with zip code, but you’d be wary of a correlation with pets’ names.” The danger exists that even professionals may latch onto something much in the news these days: alternative facts.

INNER BEAUTY

Health science data sets are characterized in ways that track the five V’s: the size of the data set; its completeness; its complexities and incongruities (e.g., varying file formats); multiple scales (you may simultaneously deal with macro, meso, and micro levels); and (in)congruity across multiple sources (some places keep better records than others). Data sets are not consistently structured. They pass through a number of processes that we uninitiated collectively call “scrubbing” before software can even work with them, let alone extract sensible patterns. These tasks are carried out by processors sometimes having thousands of cores, as opposed to the two or four that you or I would have.

Once data are harmonized and synthesized, the results can be spectacular. Using multi-source big data, including imaging, genetics, clinical and cognitive information, Dinov can build and explore in detail a three-dimensional image of a human brain on his computer screen. Leading a fantastic voyage inside it he concludes, speaking perhaps of the brain itself, of the image, of the elegant process that built it, or of all these: “You can see how beautiful it is.”

Brain imaging or similar data may then be combined with scrubbed clinical, genetic, and demographic data into a unique quantitative summary, “an eight-fingered hand,” in Dinov’s words, that can be visualized onscreen for the researcher in many ways to answer many questions. One project on which Dinov has worked shows how reaching out and shaking an eight-fingered hand may help health professionals improve patients’ lives.

What’s the difference between macro, meso and micro in data analysis?



Macro-level analysis involve information at a high level, such as regional, state-wide, national and international.



Meso-level analysis operates at a single organization level, such as a business or educational institute.



Micro-level analysis is the tracking of data of individuals.

A FAMOUS PATIENT

In 1990, at age 29, the actor Michael J. Fox was diagnosed with Parkinson’s Disease. He founded the Michael J. Fox Foundation to help find a cure and to improve therapies for those suffering. The foundation’s priorities include early, accurate detection and prediction of the disease’s course in individuals. What if one’s nurse, general practitioner or physician assistant could access a quantitative summary, an eight-fingered hand, from an in-office desktop or laptop and thus make accurate predictions about the course of their patient’s disease?

We start with data from a Fox Foundation study called the Parkinson’s Progression Markers Initiative (PPMI). Some 1,000 Parkinson’s patients contributed personal data and biosamples to a database and specimen bank, accessible to researchers online. PPMI data includes: three- and four-dimensional MRIs; patients’ genetic data; their clinical data; and their demographic data. Thinking of the characteristics of big data sets, we note that: the Fox Foundation study has data from multiple sources; the volume is large (up to 100 MB for a single MRI); it is heterogeneous, comprising spreadsheets, long byte arrays, and more; it is not homologous, that is, missing pieces vary from one record to the next; and it is multi-scale. MRI data in particular are key to distinguishing slow- from fast-progressing Parkinson’s, as are

longitudinal clinical data obtained through the Unified Parkinson Disease Rating Scale (UPDRS), which the PPMI study uses to group patients with similar disease progressions. MRI data are especially helpful, as certain brain patterns differ between patients with slow- versus fast-progressing Parkinson's.

To build this particular eight-fingered hand, MRIs and other UPDRS clinical data are combined with demographic data, genetic risk scores and select biomarkers to forecast if a patient will have slow or fast progressing Parkinson's. Unlike traditional analytics, which rely on counting, summing, averaging and the creation of result sets. Big data are too big and varied to be processed under close human direction. Instead we build our fantastical hand with machine learning, which will extract results—including some not necessarily looked for by human investigators—from vast, complex, and disparate data sources. Machine learning thrives on being fed ever more data, which actually teach the system to produce higher quality insights. In other words, yes, the machines are taking over. And, if you have or might have Parkinson's, that is a good thing. The machine might find what a human might not think to look for.

IN PRACTICE

Now we must allow nurses, physicians, nurse practitioners, PAs, and others to shake the eight-fingered hand in their offices, reading its insights from a "dashboard" of data visualizations (graphs, scatter plots, etc.), in ways that can directly advance patient care. End users do not need much specialized training. The dashboard will be straightforward, democratic and inclusive, its visual constructs easily interrogated, manipulated and read.

Marcelline Harris, Ph.D., RN, associate professor in the UMSN's Department of Systems, Populations and Leadership, studies the application of techniques for making data discoverable and usable.

"The goal is that software applications can 'interpret' the meaning of the data without labor intensive manual efforts," says Harris. "And clinicians and researchers can more readily find, integrate and use the data." Harris is working on a number of projects that typify her specific area of study within the field of big data.

"We are in the act of making data visible to researchers and policymakers," says Dr. Harris.



Marcelline Harris

But this act of making data visible raises a "meta" issue we have not yet addressed. Think of those PPMI specimens. Now think of Facebook and Twitter ads. How often do you hear, "I mentioned Dilbert once in an article, and now I'm buried in ads for Dilbert books? People think "the system" knows too much about us, and while an interest in Dilbert is harmless enough, data on our health is another matter.

One of Harris's current projects focuses on the metadata [data about the data] of informed consent and biospecimens in biorepositories, such as those of the PPMI. Harris and her collaborators are introducing tools and models for making these data computable as they pass through different environments, from collection to computation.

"Researchers keep information about consent attached to specimens, so permissions to use the data are known to everyone," says Harris. "For now, this remains mostly manual. But we are using metadata to tell us what patients have consented to. This makes sensitive information more computable."

Given the complexities of the regulatory environment, and the ubiquity of technology, Harris stresses the importance of using solid scientific principles.

"We must have good science practices as well as good technological implementation," she comments. "Compliance and security can't be separate from research." Harris is also working on an innovative project that allows data to be harnessed at a national scale for networked research.

"The result of this work will not be a centralized massive dataset, but a network with nodes (such as the University of

Michigan or other participating health systems or universities), where each node maintains control and governance of data while participating in common research queries," she concludes.

This particular project aims to bring the analytics to the data—where they reside. If Harris and her colleagues are successful, it will help build a new type of environment for clinical research.

"At the end of the day, our work on big data is about making the data systems work for improvements in health care delivery and health outcomes," says Harris. "It's about creating shareable tools for health care professionals; creating more transparency in research; and doing so with the utmost regard for and stewardship of the trust patients place in us when they agree to share their data for research."

With the University of Michigan celebrating its bicentennial this year, we are inspired to ask, What is the future of big data? How will it help inform the next generation? UMSN faculty working with big data are quick to note that the question is not really the future, per se, of big data, but what we do with the data. How do we harness the potential of big data to transform health care? As educators and researchers, how do UMSN students and faculty ensure that the enormous possibilities of big data are felt at the point of patient care?

The possibilities in big data can turn into enormous benefits for us all. In the days ahead, data may occupy caregivers even more than it does now. But clinicians will return to the bedside better informed, with perhaps better news, based on better and better information.

You can see how beautiful it is. ■



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A man with glasses and a beard, wearing a grey sweater and dark pants, stands with his arms crossed in a server room. He is positioned in the left-center of the frame. The room is filled with rows of black server racks. The floor is light-colored with a grid pattern. The background shows more server racks and overhead cables. The lighting is somewhat dim, with some blueish tones from the server racks.

Big data impact: Making use of large health data to influence national policy

Written by Jaime Meyers

Matthew Davis

When UMSN Assistant Professor Matthew Davis, Ph.D., MPH, decided he wanted to make an impact beyond his patient base, he knew he'd have to get creative.

"When I started off as a researcher, I had no money and no resources, so I looked for ways to do meaningful work using pre-existing information," explains Davis.

Davis' decision couldn't have come at a better time, as the amount of such information has grown exponentially in recent years. Thanks to the adoption of electronic health records, smartphones, fitness trackers and to the general digitization of records everywhere, researchers now have access to massive amounts of data they did not have before. This has produced a significant shift in research. In the past, researchers almost always had to collect novel information, but now many are leveraging the data that already exist.

"My research is evolving alongside available information," says Davis. "For instance, we started using administrative records to study health care phenomena, and now we've moved on to leverage social media data to explore health behaviors and public opinion."

THE RESEARCH

Davis' approach has paid off. The National Institutes of Health has funded his work for the last seven years. Now Davis uses large data sets, such as administrative records (health care billing data), clinical data and national health survey data, to answer health policy questions. Davis is quick to note that none of these sources are perfect, but looking at them collectively has helped to create new ways of conducting large-

scale research. In particular, administrative health care data have been used extensively to inform U.S. health care redesign.

"These data were intended to follow money through the health care system," he says. "However, they can also be used to track health care providers, patient diagnoses and treatments. From these elements we can do an enormous amount."

One current area of Davis' research focuses on one of the most common ailments in the U.S. Back pain costs the American health care system approximately 80 billion dollars each year. Davis is studying what happens when patients look outside the medical system for back treatment. He's investigating whether chiropractors (who traditionally practice outside of the medical system) can substitute for conventional medical care in meaningful ways.

"Our work is designed to provide health policymakers with the information they need to make the most informed decisions possible to improve the health care system and better meet the needs of patients and their families," he says.

NURSING COLLABORATION

While Davis does not have a background in nursing, he sees great importance in encouraging nursing students to pursue health services research.

"Nurses have a perspective on health care that is of incredible value," says Davis. "I don't know if anybody has as good a handle on the health care delivery system as nurses. I think the more nurses we can get involved in health services and policy research, the better." ■

DISCOVERIES



Davis showed a connection between rice consumption and arsenic levels in children. This work, begun in 2012, led to an independent investigation by the FDA and Consumer Reports. It was among the first studies to show that U.S. children who eat rice were exposed to arsenic. Since this discovery, the FDA has begun developing safety guidelines.



Davis has examined national health data to study the economic impact of nurse practitioners and physician assistants who serve as a usual source of primary care in the United States. In collaboration with UMSN colleagues, Christopher Friese and Marita Titler, Davis found evidence that nurse practitioners and physician assistants provide care of similar value to that of physicians.

CENTER SPOTLIGHT

Center for Sexuality and Health Disparities

Written by Jaime Meyers

"Every time you collect data you are taking someone's story, and you have a responsibility to do something good with that story."

It's as simple and as complicated as that for Rob Stephenson, Ph.D., MSC, and a team of more than 30 faculty, staff and students at the Center for Sexuality and Health Disparities at the University of Michigan School of Nursing (UMSN). The center is dedicated to improving the health of vulnerable populations, locally and around the world, with a specific focus on sexual, reproductive and maternal health.

Strength in numbers and diversity

A key strength of the center is its foundation in interdisciplinary collaboration. The center includes core faculty, faculty collaborations and staff and students from U-M's schools of nursing, public health, social work and medicine, and it includes a strong range of local and global community partners.

"As more people with different kinds of training have come on board, the center has morphed and has expanded what it does," explains Stephenson, the director of the center and a UMSN professor of health behavior and biological sciences. Stephenson is a demographer and epidemiologist by training and has a research foundation in reproductive and sexual health. "Every person who joins opens up a new path for our mission."

"We look at the same subjects and ideas but bring different perspectives to them," says Lynae Darbes, Ph.D., a UMSN associate professor and clinical health psychologist. "We share our experiences of what's working and what's not. International research has its own challenges, and hearing about how other people deal with them is very helpful. Getting feedback, sharing funding ideas, discussing what's feasible—all of that is really useful."

The center's team believes the interdisciplinary dynamic not only improves the quality of their work but also creates opportunities.

"There's the advantage of having different yet complementary skill sets, perspectives and training that all contribute to the focus on health outcomes," says Darbes. "I think clinical work and research feed each other and inform each other."

The center was founded in 2009 by José Bauermeister, Ph.D., MPH, at the time a U-M School of Public Health assistant professor



Lynae Darbes

(and now the Penn Presidential Associate Professor of Nursing at the University of Pennsylvania). Bauermeister founded the center to develop research on pressing HIV prevention and care issues using community-based research principles.

"There was a strong commitment to grow this work," says Bauermeister. "There was great enthusiasm and support from faculty and staff throughout the university, which allowed us to expand our scope."

The center now has more than 40 active research projects across the globe. Domestically, there are projects in Detroit, Atlanta, Chicago, Boston and other cities. International projects have been established in a number of countries, including Mexico, Mozambique and Kenya.

Who is vulnerable?

What counts as a vulnerable population in each country may be determined by many factors, such as location within that country, and individuals' sexual identities, relationship status and ages. While the specifics of each vulnerable population may vary widely, lessons learned can often be carried over to other populations.

For example, Darbes has a focus area on how partners influence health behaviors. Two of her current research efforts may sound quite different—gay male couples in the United States and straight couples in South Africa, but Darbes explains why they are not so different.

"The commonality is interdependence of partners," said Darbes. "This can be a positive or a negative influence. For many, it comes down to communication skills. We hear often that people want to talk about issues such as getting tested for HIV, but



Rob Stephenson discusses the center's upcoming research projects

"I wanted to feel like I was contributing to science," said Shaver. "Prior to working at the lab, I didn't have a space, personally or at school, where I felt like I could be entirely myself. At the lab, there's an intentional culture of inclusion and a recognition of the importance of identity and background in the work we do and the way we interact with one another. It helps the science that people are so willing to help one another."

they don't know how to bring it up. And everybody brings up trust, commitment and intimacy. Those are universal issues."

The center balances its focus on those universal issues with an awareness and appreciation of different cultures, backgrounds and identities, and center personnel often modify interventions to be more applicable and sensitive to specific populations. A model of diversity, equity and inclusion. The spirit of collaboration and inclusion is mirrored internally in the framework of the team.

"The nature of the sort of research we do naturally brings out diversity," says Stephen Sullivan, MPH, project director at the center. "Through key stakeholders and collaborators moving these projects along in culturally sensitive ways and adapting them to their target populations, it brings out that need for inclusion and respect for diversity."

John Shaver, who earned his BSN from UMSN in May 2017, said he began volunteering at the center when he was casually looking for opportunities to enhance his education.

Before Shaver's experience at the center, he didn't see research as his career focus. Now he's part of UMSN's prestigious Hillman Scholars Program in Nursing Innovation, which puts selected nursing students on an accelerated path to their Ph.D. Shaver has begun a program of research focused on improving access to primary care for LGBTQ (lesbian, gay, bisexual, transgender, questioning/queer) youth.

"Primary care is the mechanism through which most health care is delivered," says Shaver. "If you have appropriate primary care, illnesses are prevented, and you receive important health education. Should you have a chronic condition, primary care is the main mechanism for maintenance and management. You can do so much to prevent illness, not just address it after it happens."

Technology

The center uses technology to reach certain vulnerable populations and to create appropriate interventions for success in real-world settings.

Among others, there is Project Nexus, a national online trial that uses telemedicine

to improve HIV testing and communication for male couples in the U.S. The Center also developed iCON, an app to help LGBTQ youth improve their access to health and social services in Southeast Michigan.

UMSN Assistant Professor Michelle Munro-Kramer, Ph.D., CNM, FNP-BC, is adapting the iCON app to be a resource for sexual assault survivors and to help university students develop assault prevention skills.

Outreach

While technology may assist the team in reaching new participants, and while it can be a seamless addition to users' lives, it won't replace the face-to-face outreach and community partnership-building that are pillars of the center's mission. Team members frequently attend LGBTQ pride and awareness events to show support, share health literature and connect people with resources. Outreach activities also include work at youth and community centers and local bars and clubs. Stephenson says that, as researchers, he and his colleagues have a responsibility to do more than just take data.

"One way of working with a community, instead of just taking from them, is active engagement," he says. "Whenever we are deciding whether to invest our time and resources, if we can't answer the question, 'How will it improve someone's situation?' we shouldn't be doing it. That's my underlying principal." ■



THE GIFT OF TIME

Doctoral work is an immensely time-consuming endeavor. That is why alumnae Jane Barnsteiner (Ph.D. '84) and Joanne Disch (Ph.D. '85) established the Barnsteiner Disch Scholarship Fund with a \$750,000 gift from their estate. The fund will be used to provide financial support to students pursuing a Ph.D. at UMSN.

Partners of 37 years, since meeting at UMSN in 1980, Barnsteiner and Disch have focused their philanthropic efforts on Ph.D. support because of their experiences as full-time Ph.D. students.

"I was able to fully immerse myself into my Ph.D. education as a full-time student because of a fellowship I received, and that really allowed me to develop a new way of thinking that I believe serves Ph.D. students well," remembers Barnsteiner, who served as a faculty member at the University of Pennsylvania School of Nursing for 28 years. "Joanne and I want future generations of students at UMSN to have the same learning experience we did as full-time students."

"When I look back at my career, I see the U-M School of Nursing as an institution that was instrumental in my development - and that learning from faculty across the university exposed me to so many rich experiences," says Disch, who spent her career in leadership roles, such as chief nurse executive, interim dean, AARP board chair, and now Chair of the boards at Aurora Health Care and Chamberlain College of Nursing.

Joanne Disch (left) and
Jane Barnsteiner (on right)

ALUMNI AWARDS AND ACCOMPLISHMENTS



Alumna Suzanne Miyamoto (BSN '02, MS '04, Ph.D. '09) was appointed Chief Policy Officer for the American Association of Colleges of Nursing (AACN) in October 2016. Miyamoto previously served as AACN's

Senior Director for Government Affairs and Health Policy, and she is credited for successful initiatives including the Student Policy Summit, Faculty Policy Intensive, and the Health Policy Advisory Council.

Janet Gatherer Boyles (BSN '58) will receive the Katherine Dexter McCormick Award from Planned Parenthood to honor Boyles' advocacy of the organization in west Michigan.

Former UMSN Dean Ada Sue Hinshaw, Ph.D., will receive an honorary doctorate from the University of Pennsylvania.

GIFTS



The Nancy Bergstrom Early-Investigator Award at UMSN was established with a generous gift from alumna Nancy Bergstrom, (Ph.D., '81), RN, FAAN. The new award will provide start-up funding for new

tenure track faculty exhibiting great promise, offering pilot funds for investigators who, based on peer review, demonstrate potential for successful, externally funded grants.

Through the support of UMSN Professor Emerita Donna Algase, Ph.D., RN, FAAN, UMSN has established two new funds at the school. The Donna and Drew Algase Family Faculty Research Fund and the Donna Algase Collegiate Professorship. Algase's gift will support faculty who are registered nurses with terminal degrees in nursing.

In honor of the U-M Bicentennial celebration in 2017, alumna Lillian Simms, (BSN '52, MS '66) Ph.D., RN, made a gift of \$2,017. Simms earned her Ph.D. from the U-M School of Education, where nursing students went to earn their doctoral degree before UMSN began offering the degree.



DEVELOPMENT NEWS

Hassan Abbas and Alex Fauer announce the Class of 2017 Bicentennial Endowment Fund. It will be used to provide scholarships to future students.



Census is here!

To celebrate the bicentennial, U-M is taking a snapshot of our entire Maize and Blue family with an official Alumni Census.

You can make your mark on the history books by taking a moment to complete the Census now at umalumni.com/census. Count yourself in as a proud Wolverine!

NOMINATIONS WANTED

The Distinguished Alumni Award is awarded annually to alumni of the School of Nursing whose career contributions in nursing or health care are distinctive for their impact and have been recognized regionally, nationally or internationally.

The award will be presented at the annual School of Nursing Homecoming Luncheon on October 27, 2017. Submit your nomination at: nursing.umich.edu/info/alumni-friends



Join our University of Michigan School of Nursing Alumni Group

EXECUTIVE PERSPECTIVE:

MARGARET CALARCO

Margaret Calarco, Ph.D. '92, RN, NEA-BC, is Chief Nursing Executive of Michigan Medicine and an Adjunct Professor at the University of Michigan School of Nursing (UMSN). Calarco has more than 30 years' experience in psychiatric and administrative nursing roles and has conducted research on depressive disorder and administrative and organizational change.





Calarco recently received funding for studies of nursing environments, nurse retention and professional development. Calarco has published widely on clinical depression, leadership and organizational change, and she lectures on a variety of topics, including leadership of complex organizations, mission and vision development and positive organizational scholarship and its impact in nursing work environments.

Nursing Matters recently sat down with Calarco to discuss the arc of her career at the University of Michigan, and both the current state and the future of the nursing profession in the United States.



Celebration at the announcement of the Michigan Medicine Magnet status

Nursing Matters (NM): Dr. Calarco, what has been your path to your current position of Chief Nursing Executive at Michigan Medicine?

Margaret Calarco (MC): I came here in 1986 to begin my doctoral work in nursing. I chose Michigan because it had a strong research program, and it was important to me to prepare myself as a researcher. When I went into nursing, almost 40 years ago, my education was focused on patient care. But there were also positions in academic medical centers for nurse researchers to help nurses use research in practice—what we now call evidence-based practice. I wanted to help nurses understand the evidence that's out there, to critique it and apply it to their practice. When I began my Ph.D., I thought that would be my role. But then I also did my own organizational research here at U-M with the business school and the school of nursing with two federally funded grants looking at practice environments and nurse retention.

I was also a part-time advanced practice psychiatric nurse in the U-M Health System. I was working with depressed clients and had a strong interest in depression as part of my research program. I was fortunate enough to receive funding through the National Research Service Award and through the Rackham School of Graduate Studies here. My doctoral research studied recurring depression in women, both biological and psychological factors, and that helped me meld my clinical practice and my academic work. As I was finishing my dissertation in 1992, I was asked to take on an assistant directorship of psychiatric nursing. I led five psychiatric care units and emergency services here. That was a great experience for me. I have stayed in nursing leadership and administration since then. I became director

of psychiatric nursing two years later in 1995. The then-CEO of Michigan Medicine was studying empowered practice environments with a small group of staff, and they needed a leader. I had been studying organizational structure and change and had done work in practice environments. I was interviewed and selected to lead the empowerment initiative. I did that from 1996 until 1998, when I was asked to lead the performance improvement and quality program here, and became the corporate director for quality improvement in 1998. I led performance improvement and accreditation efforts and other aspects of senior management work. In September 2000, I was asked by the CEO to be interim chief nursing officer. I was ultimately offered the position permanently and have held it ever since. I am currently responsible for 5,500 nurses across Michigan Medicine, as well as other staff and other departments.

NM: So eventually you stayed here for almost your entire career, as many people do. What is it about the University of Michigan that compels people to stay?

MC: I never thought I would stay in Michigan. I thought I would finish my Ph.D. and get a nurse research position in an academic medical center. But I stayed because of the unmatched potential in Michigan Medicine. We have extraordinary people here, extraordinary talent across all disciplines, people who really collaborate to do impactful things for patients and families, as well as for research and education. We have at our fingertips a world-class university with unmatched resources. Michigan Medicine is a partner to all the U-M health science schools, all of which are in the top 10 in their areas, and it also works with our schools of engineering, business, and information and with other units. As a Ph.D. student I worked with many

U-M units and schools, and I continue to do so. That's a big part of what keeps me here. It's a big part of what keeps many people here.

One thing in particular that keeps me here is Michigan Medicine's partnership with the School of Nursing. Dean Hurn and I are committed to creating a community of nurses embracing the Health System and the School. Many schools of nursing and health-system leaders aspire to this kind of relationship but do not attain it. We have worked hard for more than a decade to conduct nursing education in a way that supports clinical practice. That is a highly valued and enriching aspect of the work for me, and it is one of our greatest strengths here at the University of Michigan.

NM: Recently the U-M Hospital was awarded Magnet status [by the American Nurses Association (ANA), for satisfying criteria that measure the strength and quality of its nursing. How did that process go?

MC: Nursing at Michigan has always been committed to patient care and outcomes. We work hard to improve practice environments for patients and families, and in 2012 we decided to pursue Magnet recognition from the ANA. We focused our hospital work and elevated our practice to improve patient outcomes even more. We brought thousands of nurses together over three-and-a-half years to look at all aspects of our practice as the Hospital applied for Magnet recognition. It was awarded in February of this year, and we are very proud!

NM: Juanita Parry and Katie Scott were instrumental in the process, correct?

MC: Yes. Juanita is an alumna of our master's program. She is our director for nurse and physician assistant recruitment and retention, and she is our Magnet program director. We have a unique relationship with our union partners and a very collaborative relationship with the University of Michigan Professional Nurse Council [UMPNC]. As we pursued Magnet status, we created a memorandum of understanding with UMPNC to co-lead the Magnet work. Juanita worked and continues to work with Katie, another alum, who is a nurse in the cardiovascular ICU here and is secretary of UMPNC and their co-leader for Magnet work. Katie and Juanita collaborated on all aspects of the Magnet preparation and design. We believe this to be a national model of how labor and management can work together toward Magnet goals and elevating nursing practice.

NM: The Hospital's relationship with the School of Nursing certainly must have helped.

MC: We have embedded faculty in the Hospital and in clinical practice environments. We all work together to achieve the kind of patient outcomes that helped us obtain Magnet designation. Nursing faculty and the dean were very important in that process.

NM: What do you see as the future of the nursing profession in 2017?

MC: Nursing is the largest health care profession in the country. We have more than 3,000,000 nurses nationwide. Nursing care tracks the continuum of care for patients and families: we take care of the ill and also work to prevent illness and maintain health; we have an important commitment to patients and their caregivers. Nurses and the nursing profession are positioned better than any other discipline to transform health care because we understand all aspects of the continuum, from keeping people well, to caring for them and their families during illness, and finally helping them transition back to homes and families and helping families provide care. The future of nursing is going to be the future of health care. We have to coalesce research around maintenance and wellness and around innovative new models of care. That is nursing's best opportunity to influence health care, so I think as we bring new nurses into the field we have to engage them in those aspects of care and get them to think creatively with patients and families. We are patient-centered and family-centered; this is a defining aspect of our work. We must unite our science with each of those aspects of the health care continuum: prevention, care, and back to home.

I think about how we are going to bring the community of nurses together to transform health care—to create innovative models of care and test them in communities.

Back when I went into nursing, we were all focused on patient care. Now, there are so many roles and opportunities available, but they require not only an understanding of patients and nursing care, but of systems, organizations and financial aspects. We have to recognize all those pieces as we move our practice forward. We need to do more interprofessional work across disciplines and engage patients and families in new ways. We must understand their aspirations and goals. That's different from the old days. Patients are much more knowledgeable about their wellness and their illnesses now. They are full partners in their own care. ■



Meet the UMSN alumni who led Michigan Medicine to one of nursing's highest honors

On Feb. 17, 2017, officials from the American Nurses Credentialing Center (ANCC) informed Michigan Medicine, the university's academic medical center, that it had earned Magnet recognition, one of the highest honors in nursing. As nurses and their Michigan Medicine team members celebrated in a packed auditorium with confetti raining down, two UMSN alumnae were filled with the satisfaction of a student who just aced a difficult exam.

Michigan Medicine's Magnet Program director Juanita Parry, (MS '10) RN, and University of Michigan Professional Nurse Council's Magnet Lead, Katie Scott (BSN '08), RN, teamed up more than two years earlier to begin the monumental task of earning magnet status for the hospital.

"When we were given the responsibility of shepherding the hospital through the magnet status application process," says Parry. "There wasn't a road map showing us how to get there. Together, with the 5,400 nurses at Michigan Medicine, we developed a path."

Only 6 percent of U.S. hospitals earn the coveted honor, given to organizations that meet rigorous standards for quality patient care, nursing excellence and innovations in professional nursing practice. Before magnet appraisers even visit a hospital, nursing administrators like Parry and Scott must address more than 100 criteria and submit thousands of pages of documents to the ANCC. A mere 10 percent of applicants receive a site visit on their first submission. The submission prepared by Parry and Scott on behalf of Michigan Medicine was among the 10 percent—leading to a site visit without any delay.

With the mounds of paperwork completed to earn a site visit, Parry and Scott still needed to do the hard work of preparing thousands of nurses to communicate with appraisers.

"We knew we had great nurses delivering high-level care," comments Scott. "The process of earning Magnet status helps us officially identify all the important things nurses do."

Following a four-day site visit, Parry and Scott felt confident they were closer than ever to their goal.

"I've spent a lot of time working with the nurses here at Michigan Medicine," says Scott. "They are all so deserving of this status because everything we do triangulates in on one common purpose—patient care. I knew the foundation was there. All we had to do was communicate, when the time came."

Parry shared her colleagues' sentiment about the quality of nurses at Michigan Medicine.

"I never doubted the quality of our nursing care," says Parry. "They were already doing the work of a Magnet institution."

GRADUATION CLASS OF 2017

Gloomy weather couldn't put a damper on the spirits of more than 200 students at UMSN's Commencement Ceremony on April 29th, 2017.

"The ceremony at Hill Auditorium was full of happiness and warmth," said Patricia Hurn of her first ceremony as UMSN dean. "Our graduates' faces were shining more than any sunshine could have accomplished."

The ceremony and following celebration held many cheers, hugs, happy tears and exclamations of congratulations from the students themselves and the numerous family members and friends in attendance.

There was also a special announcement as the BSN Class of 2017 presented an endowed fund for student scholarships. The class gift is in recognition of U-M's Bicentennial celebration.

Learn more:

nursing.umich.edu/giving.



UMSN alumni were invited to pin their family members at this year's graduation. It was a three-generation celebration for Elizabeth Benedetto as she was joined by her mother Sara Benedetto ('89) and grandmother Carole Briggs ('60).



Jacob Podell, Corenne Krinock and Caterina Nussio braved the unseasonably cold weather for the traditional fountain walk. Students walk south during orientation to start their university journey. After graduation, they walk north towards Rackham to symbolize joining the graduate/professional world.



269

Total grads

154 BSN

4 Ph.D.

108 MSN

3 DNP

Kenyatta Herndon, BSN '13, MSN '17, stands with Associate Dean Lisa Kane Low.



Watch a recording of the ceremony at youtube.com/UMichNursing

STUDENT LIFE



Hands-on education

Generous volunteers shared their time and bellies for midwifery students to practice their examination skills.



SpringFest fun

Nursing Student Government teamed up with Pulse, a University Health Service student organization, to hold de-stress activities at SpringFest. Pictured: Incoming NSG president Angela Rysdyk and 2017 graduate Hassan Abbas, who was a member of both groups.

The event was held in the weeks leading up to finals so they included blood pressure screenings, as demonstrated by Jenna Swets, to remind students not to neglect their health.



Student gift

Members of the Student Nurses' Association donated \$2,700 in proceeds from their Winterfest formal to Ronald McDonald House Charities of Ann Arbor. The houses provide a temporary "home away from home" for families of hospitalized children. The ceremonial check was delivered by Rachel Kaszyca, a member of the Class of 2017, and Meredith VanEssen, a rising junior.



In the sim lab

Clinical Assistant Professor Katie Nelson DNP, RN, CPNP-AC/PC, introduces students in the Acute Care Pediatric Nurse Practitioner program to UMSN's high-fidelity mannequins. "There is a high demand for nurse practitioners who can care for young patients with acute, critical and chronic illnesses," says Dr. Nelson. "One of the unique components of the program is real-to-life clinical simulations. We support the development of the knowledge and hands-on skills needed by ACPNPs, but also the interpersonal and soft skills they will need to support patients and their families through difficult diagnoses, treatments, and outcomes."

Safety first

One of UMSN's most recent doctoral graduates, Leila Cherara, is a champion for patient safety.

Cherara has more than 20 years of experience as a nurse and was inspired to become more involved in the prevention of potentially dangerous patient care problems.

Through UMSN's DNP program, Cherara partnered with the Veterans Affairs National Center for Patient Safety, where she fulfilled her residency credits.

Cherara's Scholarly Project focused on fall prevention in a neurology unit. It included implementing a training initiative, developing a fall prevention team and creating a module with the latest evidence-based literature and simulations.

"It's important to create a patient safety culture where everyone has a heightened awareness of preventing errors," she said. "It doesn't mean mistakes won't happen, but everyone needs to be part of the culture."

FACULTY ACCOLADES

A catalyst for change

Twenty-five years into her career at UMSN, Assistant Professor Emerita Patricia Coleman-Burns, Ph.D., MA, continues to make a difference by creating change through community.

In May 2017, she received the 2017 Harold R. Johnson Diversity Service Lifetime Achievement Award. The prestigious honor from the U-M Office of the Provost carries a \$5,000 grant, which Coleman-Burns will use to continue her diversity work as a member of the UMSN faculty.

One of a handful of non-RN faculty at the school, Coleman-Burn continues to use all the arrows in her quiver to educate students, teaching her students and mentees rhetoric, organizing and advocacy, and sharing the perspective she has gained from her career experiences.

"I try to be a catalyst for change," comments Coleman-Burns, when asked about her career motivation.



Faculty bring prestige of Fulbright to nursing



Two members of the UMSN faculty joined a select group of approximately 1,200 U.S. scholars awarded Fulbright grants in 2017. Clinical Associate Professor Stephen Strobbe, Ph.D., RN, PMHCNS-BC, CARN-AP, FIAAN, was selected for a Fulbright Flex U.S. Scholar Award, and Associate Professor Denise Saint Arnault, Ph.D., RN, FAAN, earned a Fulbright Global Scholar Research Award.

Working in collaboration with the University of São Paulo (USP) at Ribeirão Preto College of Nursing in northern São Paulo state in Brazil, Strobbe's award will focus on screening adolescents for substance use. Endorsed by the World Health Organization, this sequence of screening, brief intervention and referral treatment (SBIRT) is an evidence-based approach to addressing substance use. Strobbe will spend two months in 2017 and 2018 working with colleagues in Brazil on the education and training of faculty, clinicians, and students in the use of adolescent SBIRT.

Saint Arnault will travel to Brazil and Romania with her Fulbright grant. In addition to working with USP at Ribeirão Preto College of Nursing, she will conduct research with colleagues at Lucian Blaga University in Sibiu, Romania in 2017 and 2018. Focused on gender-based violence (GBV), Saint Arnault's Fulbright work will examine how culture affects recovery in the wake of GBV. The overall goal of her two-year project is to analyze the social and cultural aspects of help-seeking for trauma recovery across different cultures.

Teacher of the year



Clinical Assistant Professor Barbara Freeland, DNP, ACNS-BC, CDE, RN, was named UMSN's Mae Edna Doyle Teacher of the Year at the 2017 commencement ceremony.

The recipient is selected from nominations made by faculty, staff and students.

National Academy of Medicine induction



UMSN Professor Marita Titler, Ph.D., RN, FAAN, was inducted into the National Academy of Medicine (NAM, formerly known as the Institute of Medicine) in October, 2016. This is one of the highest honors in the fields of health and medicine. NAM's members represent outstanding professional achievement and commitment to service; U-M now has more 50 NAM members on its faculty. Dr. Titler is internationally known for her research on outcome effectiveness and implementation science, largely focused on improving care for older adults in areas such as pain management, cancer care, heart failure and fall prevention. Her work in outcomes effectiveness research has demonstrated the unique contributions of nursing care to outcomes of hospitalized older adults. Titler also serves as chair of UMSN's Department of Systems, Populations and Leadership.

Global outreach champion receives award for excellence in policy writing



Associate Professor Jody R. Lori, Ph.D., CNM, FACNM, FAAN, was named the winner of the 2017 Nursing Outlook Excellence in Policy Writing Award. She received the award during AAN's annual conference in Washington, D.C. The winning publication, "Forced migration: Health and human rights issues among refugee populations," was co-authored by Joyceen S. Boyle, Ph.D., RN, FAAN.

Pair from UMSN among U-M Faculty Interprofessional Leadership Fellows Announced for 2017-18



Clinical Instructor Beth Ammerman, DNP, FNP-BC, and Clinical Assistant

Professor Peggy Ann Ursuy, Ph.D., MSN, MA, RN, were among seventeen University of Michigan faculty members from across the health sciences who were selected for the second cohort of U-M's prestigious IPE faculty development program in 2017.

The program, launched in January 2016, builds the capacity of interprofessional educator/scholars so that they can be effective leaders and change agents. This motivated group of faculty from across the health

sciences will have opportunities to learn from and work with academic and practice leaders at the university and national levels.



U-M nursing professor to lead \$15-million effort to improve patient-centered care

In March 2017, UMSN was selected to serve as the National Program Office (NPO) for the newly formed Alliance to Advance Patient-Centered Cancer Care (Alliance), which brings together a coalition of six influential academic health centers to help improve the delivery of care to cancer patients.

"It's an initiative to advance strategies that have been proven to help patients, through research, by implementing those approaches in real-world settings," explained UMSN Professor Debra Barton, RN, Ph.D., FAAN, who will serve as director of the NPO. As the Alliance's NPO, UMSN will lead cross-site evaluations and will focus on identifying and disseminating best practices.

NEW APPOINTMENTS AND AWARDS



Jessie Casida
Ph.D., RN, APN-C
Assistant Professor

2017 Columbia University Distinguished Alumni in Nursing Education



Deena Kelly Costa
Ph.D., RN
Assistant Professor

Earned Midwest Nursing Research Society Harriet H. Werley New Investigator Award, 2017



Laura Gultekin
Ph.D., FNP-BC
Assistant Professor

Named UMSN Suzanne Bellinger Feetham Professor of Nursing on January 1, 2017

ONE MICHIGAN: In service to our neighbors

"From the moment the University of Michigan was established in 1817, our institution was designed to be a resource whose sole purpose was enhancing the public good. Since then, public impact within our state has always been a hallmark of our university. It's part of our founding DNA and is a central component of our values and our mission."

-University of Michigan President Mark S. Schlissel



DETROIT

(1) UMSN is more than a year into a multi-year collaboration with Community Health and Social Services Center (CHASS) that puts Registered Nurse Chronic Care Coordinators in leadership roles with interdisciplinary teams. Funded by the Department of Health and Human Services Health Resources and Services Administration, the \$1.5 million grant also focuses on improving communication and documentation of records. In addition, CHASS serves as a clinical site for UMSN students and some alums have gone on to work there after graduation. Pictured left: Family Nurse Practitioner student Megan Warren examines a pediatric patient with alumna Clara Julien, MSN '14, BSN '10.

(2) Community health students conducted health screenings and provided diabetes education at the American Indian Service Center.



LIVINGSTON COUNTY

Nurse practitioner students have joined U-M Medical School students in operating the Student-Run Free Clinic in Pinckney. The clinic offers free care to uninsured and underserved residents of rural Livingston County and surrounding areas. Pictured above: Nora Drummond, a student in UMSN's Family Nurse Practitioner/Certified Nurse Midwifery joint program, examines a patient. Drummond plans to continue in the program to earn her DNP.



FLINT

UMSN is participating in several activities dedicating to helping Flint residents affected by the lead-tainted water crisis, including a partnership with the State of Michigan to develop educational materials for the community.

There's a specific outreach effort to the Latinx community which includes producing Spanish-language materials and sharing them in Latinx-rich neighborhoods, churches and community agencies. In addition, students enrolled in Community Health Nursing have the opportunity for a clinical placement in Flint.



LEELANAU AND GRAND TRAVERSE COUNTIES

Clinical Instructor Judi Policicchio, DNP, RN, APHN-BC, led a six week training on diabetes and management of the disease for 10 community health workers who are part of the Grand Traverse Band of Ottawa and Chippewa Indians.

FACULTY IMPACT

Sarah Stoddard, Ph.D., RN

Written by Jaime Meyers

A question started nagging at UMSN assistant professor Sarah Stoddard when she began working as a public health nurse in the late-1990s. Her disquiet foreshadowed her future as a researcher.



Conducting home visits for pregnant and parenting teenagers and working in school-based and teen clinics in disadvantaged areas of Minneapolis, Stoddard was perplexed by the varying outcomes for the young people she met.

"I saw all these factors that placed kids at a higher risk for going down the wrong path," says Stoddard. "Many of them were already using drugs or getting involved with gangs. But I also met young people who were doing extremely well. They were avoiding the negative behaviors and they were doing well in school. I wanted to understand what was different. What kept them from going down a path of risk?"

FINDING ANSWERS

Stoddard returned to school to earn her Ph.D. and to find answers to those persistent questions. Her dissertation at the University of Minnesota focused on social connections, hopelessness and violent behavior in urban African American youth. Stoddard arrived at U-M as a research fellow and began developing a program of research dedicated to expanding the understanding of the complex connections between drug and violence exposure, environment, future aspirations and educational opportunities.

"There are still chances to help adolescents develop into healthy and successful young adults," says Stoddard. "There is still space to help them and prevent behaviors that might negatively impact their future."

Stoddard is currently funded by the National Institute on Drug Abuse to study the role that place-based factors play in occurrences of violence and substance use among youth.

"If you're a kid from a disadvantaged area of Flint, which is one of the cities I'm focusing on, you don't see a lot of opportunity," Stoddard says. "If they don't see positive things in their future, what keeps them from engaging in alcohol use or violent behavior? Those things can become obstacles in the future."

Stoddard also established Pathways4Youth, a research lab housed at UMSN and dedicated to the healthy development of adolescents. Led by Stoddard, the effort includes interdisciplinary faculty and graduate students working on collaborative projects such as the Flint Adolescent Study (FAS). Created in 1994 at U-M's School of Public Health, FAS is an ongoing study that began in 1994 with hundreds of ninth-grade students in Flint. Now in their 30's, many of the original participants

have children of their own, and are participating in the FAS Generation 2 study.

ACCENTUATE THE POSITIVE

For Stoddard, it's not just about preventing negative behavior. She wants to help adolescents look for positive opportunities and set goals. "Often adolescents don't want people to tell them what to do, so I like to show them options. Seeing them adopt any of these strategies is a positive," Stoddard remarks. "Hearing young people tell me they've changed something, whether they say it is because of my suggestion or not, just seeing them make healthier choices, that makes me feel like I've made a difference."

Pete Hutchinson, program director for Youth Empowerment Solutions, based in the U-M School of Public Health, works with Stoddard in Flint. "The strength of Sarah's approach in her work with us in Flint," Hutchinson says, "is that she comes from a foundation of empowerment as opposed to a deficit-based approach. She looks at young people's aspirations for the future, which is a perspective not used very often in Flint. It has helped us to achieve positive outcomes with the youth we work with."

WHY IS THIS A NURSE'S WORK?

Stoddard has been asked how her work relates to nursing, given that it falls outside the general public's understanding of a nurse's traditional role.

"We know that there's a link between education and health," Stoddard says. "People who do not finish high school have

higher risks for substance misuse and more arrests around drug use, and they have overall poorer health. They understand those relationships between education, where you live, work and play, and your health and health behaviors. Nurses can play a role in creating programs that focus on health and long-term life goals."

Stoddard knows that to make change on a significant level, she needs to reach beyond nursing. While championing interdisciplinary approaches, she also has a focus on affecting change through policy. She looks for opportunities for atypical partnerships, such as when she served on a panel for a Federal Reserve Bank conference, "Strong Foundations: The Economic Futures of Kids and Communities," that also included politicians, economists and social scientists.

"They wanted a lot of different perspectives," says Stoddard. "And it was a good opportunity to show how nursing can play a key role in improving outcomes for adolescents."

Stoddard is firm in her belief that to affect change, people trying to help need to do much more than just point out the problem areas.

"We all have obstacles that come up that might derail us from our goals, so how do we get around them and get back on track?" she said. "My goal is to provide programming that gives kids ideas about other options and opportunities. We need to help them think about the future in a different way and teach them how to set up goals and plans and address obstacles." ■



Stoddard talking with colleagues at U-M Flint

GLOBAL PERSPECTIVE BY THE NUMBERS



29

UMSN faculty engaged in global health outreach



59 projects

34 countries



UMSN students traveled to nine countries on three continents

My Beginnings

Joseph Morris, Ph.D., MSN
'02, BSN '97, CNS, GNP

Written by Kate Wright



Joseph Morris, Ph.D., MSN '02, BSN '97, CNS, GNP, is a true Michigan man. He excelled at the University of Michigan School of Nursing (UMSN) at a time when there were very few men

enrolled and even fewer African-American men. Still, he forged close connections with his colleagues and mentors, and he found, in nursing, an ever-inspiring profession.

Nursing is personal for Morris, whose family was forever impacted by an avoidable mistake within the health care system.

"My mother suffered a medical mishap," Morris recalls.

Understanding the life-shattering toll that medical mistakes can have on patients and their families continues to motivate Morris to set standards for consumer protection and qualified nursing care. Morris moved from clinical practice to management, then teaching and finally to executive leadership in state government. Today, Morris is the Chief Executive Officer for the State of California Board of Registered Nurses.

California has the largest number of RNs of any U.S. state and has incredible diversity within its RN population. Because of its size and diversity, the governing, oversight, disciplinary, and licensing processes, Morris believes California can be a proving ground for the rest of the country.

"I'm in a position that gives me an opportunity to educate nurses, protect the public, and advocate for those who are vulnerable and underserved," says Morris. "I try to work towards achieving those goals every day I come to work."

As part of his work elevating consumer protection standards and qualified nursing care, he is focused on moving the field of nursing forward by creating a more diverse workforce—driving programs and processes specifically focused on increasing the



presence of African American and Latino men in nursing. Additionally, he has set out to make nursing a more educated workforce. He works to increase the numbers of educational partnerships that allow RNs with associate degrees to attain higher degrees. Understanding the shortage of health care professionals engaged with vulnerable populations, he is an advocate of expanding practice opportunities in rural areas and in prisons.

Twenty years after his graduation from UMSN, Morris still remembers the mentorship he received from Michigan faculty.

California address notwithstanding, Morris considers Michigan to be home. After graduation, he worked for more than 10 years in the Henry Ford Health System, where he created a health initiative focused on African-American men.

"My education at the University of Michigan set the foundation for the rest of my career and prepared me for the rigors of the profession. The standards and expectations prepared me for the position I'm in now," comments Morris.

Patricia Coleman-Burns, Ph.D., MA, an Assistant Professor Emerita at UMSN, mentored Morris during his time at UMSN and throughout his career.

"He cares for the success of U-M students like himself," Coleman-Burns says. "When I first met him, I saw the incredible generosity of spirit he had. That quality has never left him."

Morris remembers the confidence Coleman-Burns instilled in him. "She helped me accomplish more than I could have dreamed as an undergraduate student," he says.

Now in a position of an executive change agent to mentor young undergraduate students thinking about careers in nursing, Morris is encouraging, but asks them to examine their motivations.

"You have to soul-search and understand why you are doing it," advises Morris. "Long hours are required and you are held accountable as a nurse, therefore you have to know you are doing it for the right reasons." ■

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