



The road to maternal health

How a handful of small homes staffed with midwives and nurses became a mighty tool in Liberia's quest to improve its health care system. **p. 8**

Midwives and community members have taken the lead in building a stronger health care system in Liberia.

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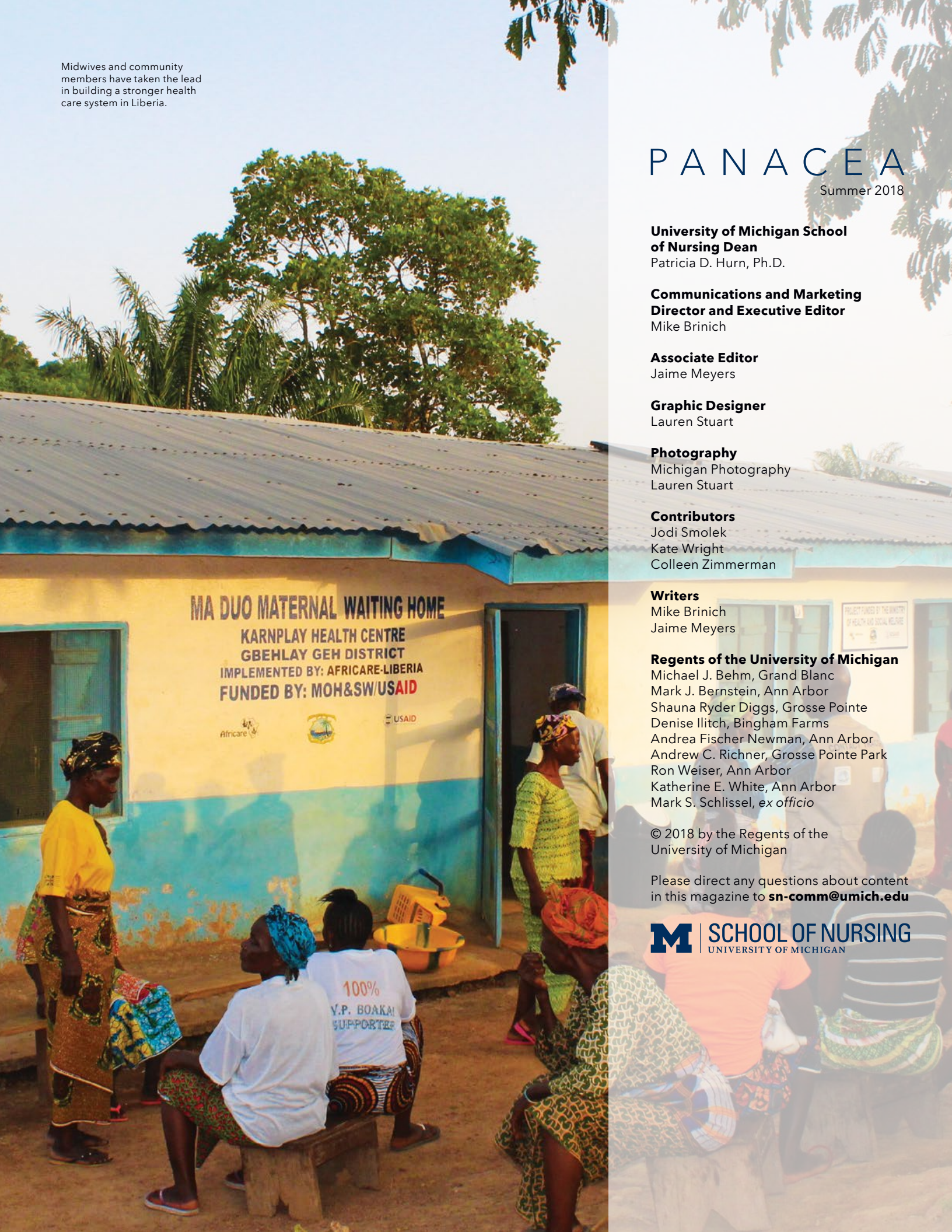
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UNIVERSITY OF MICHIGAN





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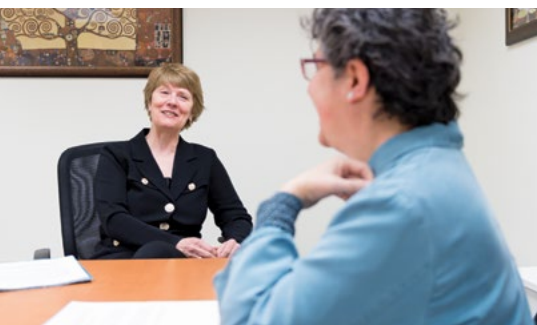
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Q&A with Dean Patricia D. Hurn

In this issue of Panacea we explore global health at the University of Michigan School of Nursing (UMSN) by examining some of the outreach efforts of our faculty and students abroad. Megan Eagle, MSN, MPH, FNP-BC, who serves as deputy director of UMSN's World Health Organization/Pan-American Health Organization Collaborating Center, met with Dean Hurn to discuss global health topics that she considers important to UMSN. Eagle, who is also a clinical instructor at UMSN, works to instill in students the value of language skills and culturally competent care through their community health courses and global experiences. She has led global learning experiences for students, traveling with them to Ecuador where they visit health clinics, participate in home visits and learn from local practitioners. Panacea Executive Editor Mike Brinich was there to capture their conversation.

Megan Eagle: Some of the programs at U-M require that students have a learning experience in another country as part of their curriculum. Clearly those schools see value in that type of learning experience. Do you think there is value in making a global learning experience part of the requirements for undergraduate nursing students?

Dean Patricia Hurn: Faculty who lead global learning experiences [have said] that their students come back inspired by how much nurses in some parts of the world can get done without the same resources we have here in the U.S. No matter what country you're in, nursing requires high-level problem solving. I think [being immersed] in another culture for a few weeks, or even a semester, certainly helps students develop a mind that is open to learning different ways to do things. They will become better problem-solvers because of the experience—and ultimately better nurses. So do I think there is value in global studies? Of course.

Whether or not a global learning experience should be a requirement ... needs to be part of a broader conversation about curriculum. Nursing is unlike any other undergraduate program in that our students are required to complete 1,200 hours of clinical learning in addition to their normal classroom credit hours. As you know, our undergraduates have a very full schedule already, so making global travel a requirement would be challenging. There is, however, a place in our new curriculum for students to choose different opportunities that would expose them to new cultures and health care settings.

I think the overlying objective would have to be very clear: what would they learn, and how would they bring [that information] home to transform our own health care systems?

ME: How can we expose our students to other cultures and health care settings without having to leave the country?

PH: Thanks to the work of our faculty, who have developed relationships in some of our state's largest communities like Detroit and Flint as well as less-populated rural areas, our students are exposed to a very diverse spectrum of cultures and health care environments. In many instances, these relationships exist because our faculty have built their clinical and research interests around serving communities they care deeply about.

ME: How would you advise a junior faculty member or student who is interested in pursuing global scholarship?

PH: I think [the first step] is mentorship. We have a cadre of faculty [at UMSN] who have experience traveling outside of the country to conduct research or do all sorts of participatory work with students. I would encourage junior faculty with an appetite for global work to connect with their more experienced colleagues as early as they can. While one component of mentorship is, of course, having interested participants, it's also important that we build an infrastructure here that supports and encourages connections between faculty members. We must have that to help those less-experienced people move forward with their global interests.

The next step is addressing cultural competency. In the U.S. we are monolithic in our language and systems, which makes it hard for less-experienced faculty or students to pursue their global health interests. I want to be deliberate in our effort to help everyone involved in global scholarship to better understand what other cultures will demand of them.

How do we accomplish that? Well, I'd like to combine the immense resources available through the university with the knowledge of our cadre of global experts at UMSN. Together I think we can look at ways to create a tutorial that brings everyone up to speed on cultural competencies. There are so many factors to consider: politics, religion, ethnicity, sex and gender are just a few that come to mind.

ME: Doing global research is complicated. How do you think we can prepare those at UMSN with a passion for research in this area?

PH: You're right; there are some clear barriers in academic science that can make global research very challenging, especially [in terms of] time, flexibility and funding. Education and preparation are the two things we can do as a school to support researchers with an interest



Faculty abroad

in global studies. If we can increase their sophistication about what it takes to do community-based participatory research abroad, then they can make better decisions about whether or not that's the kind of science they want to pursue. Global research isn't something you want to just dabble in—you have to go into it [with] eyes wide open.

ME: How can UMSN lead the way in tackling some of the more pressing global health care challenges?

PH: Some of the same things we need to accomplish in the U.S. are the same things we need to accomplish in global health. We're well aware that our health care system isn't anywhere near where it needs to be for the cost that has gone into it. You've heard me say many times that nursing is absolutely pivotal for making those changes. If we work more strongly on that in this country, it's going to be very important that we expand from our national health care focus to a global focus. I'm not suggesting that what we would do in the U.S. would work abroad or that it's our right and responsibility to do that, but I think we will be able to share some of the nursing principles we learn here with our fellow nurses in other parts of the world.

With that said, we need to elevate the profession together. I would like to see nursing viewed globally as it is here in the U.S.—[as] the biggest and most trusted health profession.

We have a lot to learn about how health care is delivered around the world, and I think [there] has to be a two-way transfer of knowledge. It's one of the biggest reasons that we should be engaged in global health, in my opinion. Experiencing different health care settings allows [us] to look at different models and see what could potentially work here in the U.S. ■

UMSN faculty traveled to 26 countries for work-related purposes during the 2017-18 academic year. Reasons for trips included leading student experiences, conducting or presenting research, attending professional conferences and serving as invited scholars, speakers and professors.



370 days

were spent by UMSN faculty outside the U.S. from 2017-18.*

Videoconferencing

Undergraduate students videoconference with peers at nursing schools in Haiti, Botswana and India.



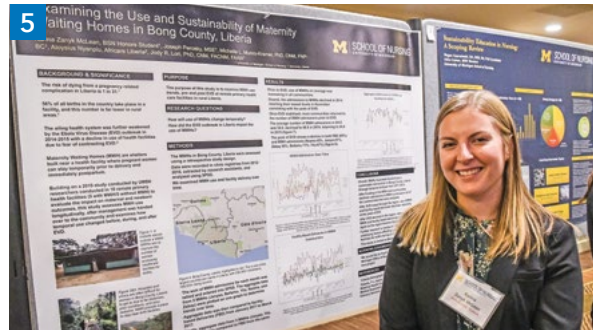
*Based on self-reporting.

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OUT AND ABOUT



On March 10, 2018, members of the Student Nurses' Association went on a Survival Flight tour with Jeffrey Pietsch, a flight nurse specialist at Michigan Medicine. Students learned about the helicopter's capabilities and the job. "I learned that there's a lot of requirements to do this, like having a minimum of five years at the ICU and being EMT certified," said Nina Solis, class of 2018 and then-director of professional development of the SNA.



- 1** Students and alumni painted the Rock on May 7, 2018, in honor of National Nurses Week. Left to right: UMSN Dean Patricia Hurn, alumna Carol Williams (BSN '66, MS '82), students Meghan Clarke, Allison Conway, Alicia Krebs, Jenna Mark, Ashley McKeown, Kenzie Roggenkamp, Sarah Zdrodowski and alumna Pam Dahlmann (BSN '89).
- 2** On May 6, 2018, students held a health fair at St. Francis of Assisi Parish Health Ministry for parish members and grade-school students. Topics included nutrition, fire safety, sun protection, exercise, blood pressure and hand hygiene.
- 3** In May 2018, UMSN held its first Summer Institute, which focused on global reproductive and sexual health. The two-week event brought 18 scholars, researchers, practitioners and faculty from a range of backgrounds and disciplines to UMSN. Participants traveled from cities throughout Michigan and Illinois, and from across the world representing Chile, China, Ethiopia, Ghana, Indonesia, Thailand, Turkey, the Netherlands, Uganda and Zambia.
- 4** Karen Hollingsworth (BSN '76) works with Brianna Hawkins ('18) and other undergraduate students at an alumni event to help spring 2018 graduates evaluate job offers. Hollingsworth, who began her career as a staff nurse, is now senior director of Michigan Medicine's Health Information & Technology Services.
- 5** Honors student Karina Zanyk McClean (BSN '18) presents her poster, "Examining the use and sustainability of maternity waiting homes in Bong County, Liberia," at UMSN's Research Day on April 6, 2018, in Ann Arbor, Mich.



The road to maternal health

Despite war and an Ebola crisis, UMSN researcher Jody Lori never gave up on a program to improve maternal health in Liberia.

Written by Jaime Meyers



1 The journey

Imagine labor begins and you are at home, miles away from a health facility.

Now imagine a complication. Rather than calling 911, your attendant has to send a neighbor to find your husband who is working in a field 30 minutes away, entirely unaware that you've gone into labor. She needs his help and permission to move you to the nearest clinic.

Upon returning to your home, your husband helps the attendant secure you in a hammock-like carrier. He handles one end and the neighbor handles the other. It takes them an hour to walk four miles along a bumpy trail to the nearest clinic.

You make it to the clinic only to be told you need a cesarean section, but the clinic staff has neither the skills nor the equipment required for the surgery.

Maternal health in Liberia

This is the reality for thousands of women in Africa's west coast nation of Liberia, where the vast majority of births in rural areas take place outside of health care facilities. Midwife Jody Lori, Ph.D., FACNM, FAAN, (BSN '80, MS '92) has witnessed this scenario countless times.

Lori, who is now the associate dean for the Office of Global Affairs at the University of Michigan School of Nursing (UMSN), began traveling to Liberia in 2006 to train nurses, midwives and traditional birth attendants in early problem identification for women in labor. She quickly realized a new approach was needed to reduce maternal and newborn deaths.

Liberia fast facts

- Africa's first and oldest modern republic
- Capital: Monrovia
- Population: 4.7 million
- Size: 38,250 square miles
- Civil war (1989-03) left 250,000 dead
- Ebola outbreak (2014-16) left 4,800 dead



2 The women



3 The progress

Lori and a team of partners established Liberia's first maternity waiting home (MWH) in 2010. MWHs are small live-in facilities near rural health clinics, staffed by a nurse or midwife, where expectant moms can spend their final days of pregnancy and receive postpartum care.

"Otherwise, [the woman] would have to walk home in four hours," explained Lori. "This lets her stay longer, at least overnight, for those critical hours after delivery."

Dual devastation

Lori and her team helped build several MWHs in Liberia over the next few years as a small but mighty piece of a health care system in desperate need of help after two major setbacks over the past 30 years. The first was a civil war that began in 1989 and didn't end until 2003. Many physical structures, including clinics, hospitals, schools and roads, were destroyed or abandoned. Health care workers fled the nation in droves.

"After the war, there were only 24 doctors and about 400 nurses for the entire

country of four million people," said Lori. "No one had the opportunity to upgrade their skills during that time. Everything was needed. There was also a lot of mistrust between communities."

After peace was re-established, Liberia began to rebuild with assistance from international organizations. The country made considerable progress.

Then Ebola hit.

Ebola

"We were about to travel with a group of students to work in a rural hospital," said Lori. "It hadn't even hit the papers yet when a friend who lives in Liberia emailed me. It was a Tuesday. We were supposed to leave on Thursday. We had to cancel."

For Lori, it was much more than a canceled trip.

"Four nurses from that hospital died," she said quietly. "They were nurses that I knew. It was so sad."

Nearly 5,000 people in Liberia, including hundreds of health care workers, died from Ebola in 2014-16. Once again, the health care system was ravaged.

"They had just started to rebuild," said Lori. "It was devastating. Everyone was traumatized all over again."

Forging ahead

Lori's commitment to Liberia didn't waver (and still hasn't). She knew other schools, charities and non-governmental organizations were also building MWHs, so she decided it was time for a review. With a grant from the Bill and Melinda Gates Foundation, she and her fellow researchers set out to learn how often MWHs were being

PHOTO CAPTIONS

- 1 The journey** An example of Liberia's damaged transportation infrastructure. Community members often take it upon themselves to make repairs.
- 2 The women** Expectant mothers spend their last days of pregnancy at MWHs.
- 3 The progress** Lori at a meeting with stakeholders, including community members and health and government officials. They discussed the impact of MWHs over the last decade and preliminary

findings from the current study funded by the Bill and Melinda Gates Foundation.

4 The waiting A woman rests in a MWH bedroom.

5 The homes One of the MWHs in Bong County that Lori helped establish. They are simple but efficient.

6 The community Numerous community members come together to ensure the success of their local MWH.



4 The waiting



5 The homes

used, which strategies worked and which didn't. When she began taking inventory, Lori was shocked.

"We thought there were about 25 [MWHs]," she said. "We discovered there were about 150."

Lori credits efforts to strengthen the country's health care system, including MWHs, with improving trends in maternal and infant mortality. However, while MWHs are considered a success, not all are being used to their full potential.

"We are finding that the ones that did not engage the community at the beginning are the ones that are faltering," explained Lori. "It's so important to engage the community from the start."

Lori says MWHs are more effective when the community becomes invested.

"The community will actually make the bricks for the maternity waiting home and haul the sand needed for construction," she said. "Everyone pitches in. They establish a community health group that helps with the planning and the day-to-day operations. It's pretty incredible to see."

Lori and her team are also using GPS to map MWH locations. This project was part of a recent spring 2018 trip.

"We met with the new minister of health on her second day of work," said Lori. "She's very excited about the homes. The health ministry is interested in the data we're gathering to examine how a standardized model can be built into their health system. They would like to have a core model for Liberia that the ministry can say, 'If you're going to do this, this is what works.'"



6 The community

For Lori, the commitment to strengthening Liberia's health system comes not from devastation but from hope.

"I see little glimmers of progress each time I go because things are a little better than what they were the time before. There are young people in Liberia that know nothing different than war and Ebola because that's what their lives have been. But there's a generation that knew what it was like before, and they have been the drivers of this movement to make things better." ■



INSPIRED TO GIVE

University of Michigan School of Nursing (UMSN) alumnus Karl Lopata (BSN '09) got the opportunity to join Dr. Jody Lori on one of her early trips to Liberia when he was enrolled in a community health nursing course. It was 2009 and he didn't know it at the time, but it was the first step towards a significant donation that would come several years later.

"The trip was an opportunity to see a health care system that is very different than what we are used to," said Lopata. "We gave

educational presentations on topics like safe sex to community members. When we got back we gave presentations about what we learned in Liberia to our classmates."

Lopata had decided to become a nurse after being diagnosed with malignant melanoma at age 22. He began in UMSN's Second Career program and went on to earn a master's degree in UMSN's adult-gerontology acute care nurse practitioner program. He's currently working at Michigan Medicine's Frankel Cardiovascular Center.

Lopata also established a non-profit organization to promote skin cancer awareness and to raise money for research. He added a goal of helping a health-related cause in Africa but he didn't have a specific focus yet. It was on a return trip to Liberia in 2011 that Lori made a suggestion.

"Jody said, 'You know, we're starting to build these maternity waiting homes,'" Lopata said with a chuckle.

He didn't need much convincing. Lopata donated \$25,000 for an MWH in Salala, located in Bong County, Liberia.

"I really liked that it was something tangible," he said. "And I also liked that the community was involved with the project. There's such a high rate of infant and maternal mortality there. You can make a big difference."

Lopata, who has also raised money for clean water efforts in Africa, says he appreciates being able to help on a variety of projects.

"I always want to be involved in some sort of philanthropic project," he said. "Having melanoma, it's not something I dwell on, but I like supporting causes related to health care. I've been lucky to have a fortunate upbringing. It's afforded me the time and energy to help others." ■



Empowering communities to fight the **OPIOID EPIDEMIC**

Written by Jaime Meyers

THE SHELTER

Lea Allen and Pam Gesund were in the last few hours of an overnight shift at the Delonis Center, which is a homeless shelter that is part of the Shelter Association of Washtenaw County, when a client alerted them to trouble.

Allen ran into the bathroom and found another client slumped over in a stall. He had overdosed on opioids.

"The needle was still present," said Allen. "He was already blue and feeling cold to the touch. It was definitely scary."

Allen and Gesund immediately began administering naloxone, a medication intended to reverse an opioid overdose.

"We started CPR and then Lea administered another dose of naloxone," said Gesund. "He was revived before EMS arrived."

The man was confused when he regained consciousness, which is a common reaction.

"I remember one of the EMS workers saying to him, 'Dude, you were dead. These ladies just saved your life,'" said Gesund. "He realized what had happened, and he thanked us."

THE DEPUTY

Shane Bynum, a deputy with the Washtenaw County Sheriff's Office, was working overtime when a call from dispatch came over the police radio.

"There was an overdose in an apartment just east of where I was, so I responded immediately," said Deputy Bynum.

A young man had stopped by his 26-year-old brother's Ypsilanti Township apartment to check on him. The brother had recently gotten out of rehab for an opioid addiction. The days and weeks after rehab can be some of the most dangerous; if a person relapses, the chance of an accidental overdose is much higher due to a reduced tolerance.

The man found his brother unresponsive on the bathroom floor and called 911. Deputy Bynum was the first to arrive on scene.

"I administered the naloxone to him, pulled him out of the bathroom, and put him in the recovery position," said Deputy Bynum. "While I was waiting for the ambulance, he began to come to."



Deputy Shane Bynum

Photo: Washtenaw County Sheriff's Office

The man, like the client at the Delonis Center, was initially confused but calmer than his brother.

"The brother was really emotional and kept thanking me," said Deputy Bynum. "He told me his brother had a baby on the way and it was due in about a month."

THE CONNECTION

Allen, Gesund and Deputy Bynum have a key connection: they were all trained to administer naloxone by University of Michigan School of Nursing Clinical Assistant Professor Chin Hwa (Gina) Dahlem, Ph.D., (MS '05), FNP-C, FAANP. She has worked with multiple police departments, community agency staff, school nurses and community members throughout Southeast Michigan since 2013. Dahlem estimates she has trained more than 800 people.

In Deputy Bynum's case, he had attended one of Dahlem's training sessions just one week prior to administering naloxone for the first time. Since then, Deputy Bynum says he's been involved in at least another 10 naloxone saves.

"I'd say 90% of the deputies have saved someone," he said. "It's happening all over. We're seeing it in every community. Addiction has no gender, race or age limit."

The shelter workers agree.

"We've heard so many different stories of how their addiction began," said Allen. "It can happen to anyone."

"We've had grandmas and grandpas in here," added Gesund. "We've had teenagers. It's so widespread. No family is immune."

AN EPIDEMIC

Overdoses and deaths from opioids have continued to increase across the United States for more than 20 years. The National Institute on Drug Abuse reports more than 115 Americans die every day from an opioid overdose.

Opioids can take the form of prescription painkillers, such as oxycodone and morphine, or illegal street drugs like heroin. For some people, addiction begins after receiving a legitimate prescription for a condition like chronic pain or after an injury or surgery.

Opioids work by binding to certain receptors in the central nervous system and other parts of the body that block pain. Opioids also send a message to the brain to slow breathing. In the case of an overdose, breathing stops completely, leading to brain damage, organ failure and death.

Intranasal spray is the most commonly used form of naloxone.



"It's important that we intervene earlier and engage with the survivor in the emergency department," said Dahlem. "In Washtenaw County, there's a Recovery Opioid Overdose Team (ROOT), which [includes] a peer recovery coach and a case management navigator. The goal is to provide a timely and coordinated effort to engage survivors from the moment they are first rescued and link them to recovery support services after they are discharged from the hospital. Saving a life is an important and necessary step in the process, but we need to move the needle further to engage with the survivor and connect people to recovery support and treatment services."

REASONS FOR HOPE

Allen and Gesund are able to follow the progress of their first save.

Naloxone is an opioid antagonist; it travels to those same opioid receptors and blocks them, reversing the drug's effects. It can be injected or sprayed intranasally. One key to its success is how quickly it works in situations where every second counts.

"I've talked to multiple EMTs who have told us that some of the people wouldn't have made it if the deputies hadn't administered the naloxone," said Deputy Bynum.

Allen agrees that was the case with her first save.

"If we didn't have the naloxone, he wouldn't have made it," said Allen. "Even with CPR, there's no way. Having naloxone definitely made a difference."

"Everyone can take action and play a role in curbing the opioid epidemic," said Dahlem. "Learn how to recognize the signs of an overdose, such as blue lips or fingernails, slowed breathing, pinpoint pupils and unresponsiveness to pain. Get trained to administer naloxone. Thousands of lives have been saved through layperson administration of naloxone."

CRITICISMS

Critics of naloxone say it encourages people to use opioids, provides a false sense of security and doesn't offer individuals an opportunity to get clean. While Deputy Bynum says he doesn't necessarily agree with the criticisms, he has noticed a new pattern.

"The new trend is people using in public places like parking lots and restaurant bathrooms," he explained. "They know the firefighters, EMS and police are carrying naloxone, so if someone calls for help, they think they'll be okay."

Bynum and his fellow deputies say they have also seen repeat customers.

"I saved one guy and he went to the hospital," said Bynum. "But he left the hospital and overdosed again two hours later in a Walmart parking lot. It does get frustrating, but we have a duty to protect, and that's what we are going to do."

Opioids stay in a person's system significantly longer than naloxone, so it is possible for someone to overdose, be saved with naloxone and overdose again without taking more of the drug.

Dahlem says that the immediate time period after an overdose may present a tipping point when survivors are more likely to consider treatment.

"He's still a client, but he's now in our supportive housing," said Allen. "He got sober right after it happened, and he's still sober. It's great."

Allen and Gesund say they only have to look around their workplace to see numerous examples of why it's worth using every possible strategy, including naloxone, to help people facing addiction.

"Every business should have access to it, right with a first aid kit or an AED machine," said Gesund. "It's already saved thousands of lives."

"Naloxone saves lives and gives [people] a chance to get sober," said Allen. "Probably three quarters of our staff are in recovery. Some of them were saved by naloxone. Listening to their stories, it's amazing they are still alive. Now many of them are in social work, psychology, nursing and other related fields because they were saved and they want to help others." ■

SIGNS OF AN OVERDOSE



Pinpoint pupils



Blue lips or fingernails



Slowed breathing



Unresponsiveness to pain



SCHOOL OF NURSING DASH CENTER UNIVERSITY OF MICHIGAN

The crisis around opioids and substance misuse has saturated the news in recent years, but the University of Michigan has been focused on such issues for decades. Now, the University of Michigan School of Nursing (UMSN) is leading a new effort to unite researchers from various disciplines such as pharmacy, medicine and public health to increase and accelerate the effects of their work.



The Center for the Study of Drugs, Alcohol, Smoking and Health (DASH) was recently established to create a central hub for substance use research, outreach, clinical nursing training, and evidence-based prevention and treatment.



Carol J. Boyd, Ph.D., RN, FAAN, a UMSN professor, is the director of DASH. She brings more than 40 years of experience in studying drug

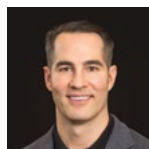
epidemics and misuse patterns, including sharing medication or taking more than prescribed.

"Many on U-M's campus have been working in the substance abuse field for years, but we are scattered across campus and often siloed," she explained. "DASH is a way for School of Nursing faculty and others to work together to address the substance-related problems in our country and make a greater impact."

A GROWING CONCERN

Boyd says she and colleagues are beginning to see positive changes in the opioid epidemic, but an alarming trend is emerging among older adolescents and young adults.

"Stimulants are the controlled medications most likely to be diverted, meaning legally prescribed but shared with someone else," she said. "One in four children who have a legal prescription for an attention-deficit/hyperactivity disorder (ADHD) medication, like Adderall, will be approached by a friend to share, and a large number will share."



DASH CO-LEADERSHIP

Boyd is joined by DASH co-director Sean Esteban McCabe, Ph.D., MSW, MA. McCabe joined the

UMSN faculty in 2017 after 12 years at U-M's Institute for Research on Women and Gender. He also served as director of U-M's Substance Abuse Research Center.

McCabe's research focuses primarily on the epidemiology of substance use disorders with an eye toward differences related to gender, race, ethnicity and sexual orientation. His work also includes research on prescription medication use and misuse during the transition from adolescence to adulthood.

McCabe says that although most adolescents and young adults use prescription medications appropriately, more attention should be trained on

prescription medications with a high potential for abuse, such as prescription stimulants to treat ADHD.

"For example, more than one in every two undergraduate students who are prescribed stimulant medications for ADHD are approached to share their medication each year," said McCabe. "Our research team has shown that prescription stimulants represent the only prescription medication class where the number of young adults using without a prescription is greater than the number of young adults using with a prescription. Any efforts aimed at reducing diversion and misuse must consider that prescription stimulants are a highly effective and safe medication for most individuals with ADHD."

The team is currently piloting a new prescription medication safety project to decrease diversion and misuse while teaching patients and their families how to establish healthy relationships with these medications.



To learn more about DASH, visit nursing.umich.edu/dash-center. ■



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Even the brightest, most hard-working students may experience an unanticipated financial challenge every now and then. Your gift to this fund makes education possible for University of Michigan School of Nursing (UMSN) students during the times when it can be most difficult to find the financial means to continue to succeed. This scholarship fund also rewards students for their willingness to give back by giving preference to students facing financial hardship along with those who have demonstrated experience or commitment to working with diverse populations—namely groups who are diverse with regard to ability, culture, ethnicity, gender, generation, race, sexuality, socioeconomic status and veteran status. Scholarships are awarded on an as-needed, rolling basis to optimize student relief.

Scholarships for Academic Diversity - \$100,000 (one-time \$10,000 scholarship, awarded to the highest-achieving diverse undergraduate or graduate recruits each year)

Learning as part of a student cohort as diverse as the world around us strengthens each student's academic experience and readiness to lead in diverse work environments. This scholarship fund offers support to newly admitted undergraduate and graduate students who have an established record of high academic achievement. Preference is given to students who have faced financial hardship and have demonstrated experience or commitment to working with diverse populations—namely groups that are diverse with regard to ability, culture, ethnicity, gender, generation, race, sexuality, socioeconomic status and veteran status.

Gateways Fellowship - \$40,000 (\$2,500 annual scholarship, awarded to 16 fellows each year)

The Nursing Gateways Fellowship supports undergraduate and graduate students as they explore a range of graduate, post-graduate and professional careers in nursing that will enable them to contribute to diversity in the world around them. Gateways Fellows develop early-career, peer-reviewed research projects or creative arts projects involving an array of topics intended to raise awareness about and eliminate health disparities while bringing relief and justice to vulnerable populations. Gateways Fellows receive scholarships, are matched with a faculty mentor based on their interests, participate in educational seminars, join an inclusive and supportive peer-learning community, and present their research or creative arts project upon completion of the nursing program.

Future Nurses Career Advancement Program for High School Students - \$50,000 (graduate student assistant position, plus funding for travel and expenses for an experiential component for student participants each year)

Beginning in the 2018-19 academic year, UMSN's Future Nurses Career Advancement Program will provide educational resources and mentoring to youth who are diverse and/or have limited resources but wish to explore and possibly pursue a nursing career. The program will offer a blend of engaging online and experiential learning opportunities to introduce students to the profession, familiarize them with academic and professional areas of focus, and increase their knowledge of how to prepare to become a nurse while still in high school.

Supplemental Science Learning Resources - \$7,000 (wages for tutors and hourly student coordinator for one year)

Transitioning from learning science in high school to learning science related to nursing can be as challenging as it is stimulating, especially for first- and second-year students. Supplemental Science Learning Resources provide assistance to students as they strive to demonstrate advanced knowledge in core content areas, develop critical thinking and troubleshooting skills, and engage more deeply with UMSN's well-rounded and rigorous science curriculum. Participants in this program have access to twice-weekly tutoring in biochemistry, pathophysiology, anatomy and physiology, and pharmacology.

Please call or write for details:

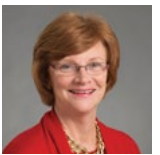
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ALUMNI AWARDS AND ACCOMPLISHMENTS



Dan Tounsel (BSN '01), vice president of the Alumni Society Board of Governors, and his wife, Dr. Ruby Long-Tounsel, welcomed their son Dylan to the world on Aug. 15, 2017.

Sally Decker (Ph.D. '90), professor of nursing at Saginaw Valley State University, was awarded a Fulbright Scholarship. Decker will teach and carry out research with the interprofessional team at the Royal College of Surgeons in Dublin, Ireland in spring 2019. While there, she will conduct interactive simulation workshops with faculty and create interprofessional simulations with students and faculty.



Elizabeth A. Carlson (BSN '73) was awarded the Lucie S. Kelly Mentor Award at Sigma Theta Tau International 44th Biennial Convention in Indianapolis on Oct. 30, 2017.



Linda Q. Everett (Ph.D. '98) received the prestigious American Organization of Nurse Executives (AONE) Lifetime Achievement Award on April 13, 2018 during the organization's annual meeting in Indianapolis.

Jordan Harrison (BSN '14, Ph.D. '17) was awarded the 2017 ProQuest Distinguished Dissertation Award from Rackham Graduate School. For her dissertation, she examined longitudinal changes in health-related quality of life among women who develop heart failure after breast cancer treatment to inform the development of targeted interventions for symptom management.



UMSN Ph.D. student Meagan Chuey (BSN '10, MSN '14) received American Colleges of Nurse-Midwives (ACNM) Fellowship for Graduate Education Award for her doctoral work, which looks at reproductive decision-making in Syrian women who are refugees.



Alumna Char'ly Snow and Elikem Amable (standing), preceptor Cathy Collins Fulea and UMSN Associate Dean Lisa Kane Low.

Char'ly Snow (BSN '01) received the ACNM Kitty Ernst Award. It honors a relatively new midwife who has demonstrated innovative, creative endeavors in midwifery and/or women's health clinical practice, education, administration or research.

REMEMBERING MICHIGAN NURSING GREAT JO ANNE (JO) HORSLEY



Jo Anne Horsley (BSN '62, MSN '68) passed away peacefully on May 8, 2018. She was one of UMSN's most accomplished alumna.

The following history of her contributions to nursing was written by Horsley's classmate, friend and distinguished UMSN alumna Suzanne Feetham (BSN '62).

Jo Anne Horsley's contributions to the nursing profession and excellence in the practice and science of the field were exceptional.

She was a prescient leader for quality and safety years before the release of the Institute of Medicine's report, "To Err is Human." Her most recognized contribution is the Conduct and Utilization of Research in Nursing (CURN) project, a collaborative

nursing research effort funded by the Division of Nursing of the former U.S. Department of Health, Education, and Welfare (now the U.S. Department of Health & Human Services). Its purpose was to develop and implement a model to facilitate the use of scientific nursing knowledge in clinical practice.

The CURN project, with Joyce Crane as co-investigator, was innovative; it was one of the earliest (if not the first) funded studies of research utilization in practice. It was also groundbreaking in its collaboration across the Michigan Nurses Association, UMSN and 34 nursing departments in Michigan hospitals that were involved as either quasi-experimental or comparison sites. The project was unique at the time in its engagement of multiple clinical sites and comparison design in clinical practice.

The CURN project took state-of-the-science nursing research and applied it to several areas of practice that remain relevant today, such as nurse-sensitive indicators used to assess quality and safety. The project's findings were disseminated widely and are readily available in the scientific literature and online. CURN project publications are also held in over 200 WorldCat member libraries worldwide. The project has ensured continual recognition of nursing research at UMSN.

The CURN project sparked a paradigm shift in undergraduate nursing curricula by shifting academic emphasis from becoming a researcher to applying research to clinical practice, an evolution that underscores the significance of Horsley's leadership and scholarship. Every undergraduate nursing program has benefitted from this change in focus.

Horsley's contributions to the nursing field have even garnered recognition on the national stage, as evidenced by her induction into the American Academy of Nursing within the first five years of the Academy's existence. Ongoing implementation of her work in health care settings in America and around the world only reinforces her vision and impact.

In summary, Horsley was an exceptional nurse; her contributions to nursing and public health were exemplary. The effects of her vision, leadership and scholarship continue today. ■



Graduation 2018

- 1** DNP graduate Franklin V. Schaller, Jr. kisses his sons Elijah, then Ezekiel. Also pictured: DNP graduate Jordan Rimsa, faculty Michelle Pardee (BSN '88, MS '95) and DNP graduate Laura Schipper.
- 2** The ceremony was held at U-M's historic Hill Auditorium.
- 3** Brandon Perry and his wife, Chanda, were featured in the Winter 2018 issue

of Panacea. In 2009, the parents of three committed to returning to school and building careers in nursing. Chandra went first and graduated from UMSN in 2012. This year, Brandon graduated with his BSN.

- 4** Elizabeth Shea (BSN '12) is part of UMSN's first cohort of five BSN to DNP graduates. She was hooded by her program chair, Michelle Pardee (BSN '88, MS '95).



2



5



6



3



7



4



8

5 BSN graduate Silvia Choi is heading to a job at a New York hospital.

6 Associate Dean Janean Holden (MS '87, Ph.D. '93) shows off her school spirit with her festive maize and blue sneakers.

7 Left to right: BSN graduates Olivia Lang and Makiya Long. Lang participated in ROTC for three years and commissioned into the Army National Guard as a

second lieutenant, Army Nurse Corps. She serves part-time in the Army National Guard and works full-time as a Neonatal Intensive Care Unit nurse at Children's Hospital of Michigan. Long was a prestigious Denise Shough Jacob Endowed Scholar.

8 Midwifery graduates hold photos of their program classmates.



Spring '18
degrees
conferred

BSN	165
MSN	39
DNP	10
Ph.D.	8

Laurel wreath illustration by freepik.com



View more commencement photos on the [University of Michigan School of Nursing Facebook page](#)

The final semester

Undergraduate nursing students tend to stand out from their peers at U-M because their clinical learning experience requires them to wear a uniform: blue (of course) scrubs bearing a University of Michigan School of Nursing (UMSN) patch, the same that many generations of U-M nursing students have donned before them. Yet the uniform is only a small part of what makes the nursing student experience at U-M unique. In addition to completing a required number of credit hours, with which most undergraduates are familiar, nursing students will spend more than 1,000 hours honing their skills in clinical settings throughout Michigan before earning their degree. Panacea followed UMSN student Kelly Creal during her final semester in the undergraduate program. While her contributions and accomplishments as a student are exceptional, she is not an anomaly; rather, she joins a long line of Michigan nurses who have worked countless hours to earn their BSN.



Creal updates patient charts during her 12-hour shift as a student nurse on the trauma burn unit at Michigan Medicine on March 28, 2018. In addition to completing 128 credit hours of course work to earn their BSN degree, UMSN students are required to complete 932 hours of training in a clinical setting and 254 hours of simulated training in the school's Clinical Learning Center.



Creal leads one of her final meetings as president of operations of the Nursing Student Government (NSG) on March 8, 2018, at the School of Nursing Building (SNB) in Ann Arbor, Mich. Along with its role as a conduit between students and faculty, NSG is active in philanthropy, student wellness and professional development activities.



UMSN students Olivia Livornois, left, and Creal presenting a check from NSG to Tammi Carr and Bree Arvai on April 6, 2018 at SNB. Named in honor of Chad Carr, who bravely fought an inoperable brain tumor called diffuse intrinsic pontine glioma (DIPG) before passing away on Nov. 23, 2015 at the age of five, the mission of the ChadTough Foundation is to fund research and raise awareness of pediatric brain tumors with an emphasis on DIPG. Tammi Carr is Chad's mother, and Arvai works for the foundation. In her role as president of operations for the UMSN Student Government, Creal helped lead a fundraiser that raised \$5,045 to benefit the foundation.

 254

BY THE NUMBERS

The minimum number of hours a student will spend in UMSN's state-of-the-art clinical learning center during their undergraduate education. From simulation rooms with high-fidelity mannequins for replicating realistic health care situations to the Martha Reed Hoopengardner Nursing Skills Lab for honing basic and advanced skills, the Clinical Learning Center at UMSN enables students to apply their knowledge of nursing theory in an interactive and supportive environment.

 932

Hours a UMSN student must spend in a clinical training environment, typically a hospital, to earn their BSN.

 12

Typical length of a UMSN student's clinical shift that they will work twice a week during their senior year of the BSN program.



Creal (center) celebrating her UMSN graduation on April 28, 2018 in Ann Arbor, Mich. with her brother Andy, far left, mother Colleen, father Michael, and brother John, far right.



FACULTY NEWS

GOLDBERG AND SARKAR RETIRE

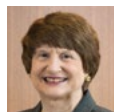


Clinical instructor Janet Goldberg announced her retirement from the U-M School of Nursing (UMSN).

Goldberg, who joined the school in 2009, brought an extensive understanding of Michigan Medicine to UMSN. Her progressive experiences as an educational nurse coordinator, assistant head nurse, head nurse, nurse manager and director of nursing led to her joint administrative and clinical faculty appointment in 2009.

During her nine-year career Goldberg taught full-time in undergraduate programs, while also working to promote continuous improvement in the undergraduate model design and curriculum, facilitating ongoing

partnerships with Michigan Medicine leaders and staff and supporting student success.



After 16 years of teaching as a clinical instructor, Norma Sarkar (BSN '73) announced her retirement from UMSN.

Sarkar taught community health nursing in the undergraduate and second career programs and provided clinical instruction at several sites during her career. She provided clinical instruction focusing on Active Aging in Washtenaw County in cooperation with the Turner Senior Resource Center, Ann Arbor Meals on Wheels, Silver Club and Chelsea Retirement Community.

Additionally, she established and coordinated UMSN's Spring-Summer

India Immersion Program, which provided didactic instruction as well as clinical experiences in New Delhi, India for nursing students interested in health policy and the delivery of health care to populations.

CENTER FOR SEXUALITY AND HEALTH DISPARITIES ANNOUNCES DEPUTY DIRECTOR



Assistant Professor Erin Kahle, Ph.D., MPH, was named deputy director for the Center for Sexuality and Health Disparities at UMSN. Kahle brings a

depth of experience in HIV, sexual and reproductive health research and program management to the center in her new role, which became effective June 1, 2018.

CONGRATULATIONS

Our faculty are world-renowned educators, researchers and scholars. We are proud to celebrate their many prestigious awards and achievements during the 2017-18 academic year.



Sue Anne Bell (Ph.D. '14)
2018 DAISY Faculty Award



April Bigelow (BSN '99, MS '03, Ph.D. '08)
2018 HPM Fellowship recipient, Hospice and Palliative Medicine



Elizabeth Duffy (BSN '93, MS '99)
U-M Interprofessional Education Fellowship, 2018-19
Children's Oncology Group Evidence-based Practice Fellowship 2018-19



Janean Holden (Ph.D. '93, MSN '87)
Welch Woerner Path Paver Award from Friends of the National Institute of Nursing Research



Lenette Jones (BSN '02, MS '11, Ph.D. '14)
2018 New Investigator Award for the Midwest Nursing Research Society Health of Diverse Populations Research Interest Group



Christine "Tina" Leech
2018 Pi Beta Phi sorority "Impactful Teacher" Award
2018 UMSN Mae Edna Doyle Teacher of the Year Award



Barbara Medvec (BSN '77)
Selected for American Association of Colleges of Nursing inaugural Digital Innovation Bootcamp



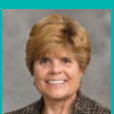
Marjorie McCullagh (Ph.D. '99)
American Academy of Nursing Edge Runner designation
UMSN Research Day faculty poster, first place



Katie Nelson (MS '05)
Sigma Theta Tau, Rho Chapter, "Excellence in Nursing Education 2018"



Michelle Pardee (BSN '88, MS '95)
Nominated for 2018 Golden Apple Award



Deborah Price (BSN '78, MS '87)
Sigma Theta Tau Rho Chapter's Award for "Excellence in Nursing Leadership"



Marie-Anne Roseberg
American Association of Occupational Health Nursing 2018 National Conference poster, first place



Denise Saint Arnault (MS '89)
Sigma Theta Tau, Rho Chapter's Award for "Mentorship" for 2018



Clayton Shuman (Ph.D. '17)
2018 MNRS Health Systems, Policy and Informatics Research Interest Group Dissertation Award



Peggy Ursuy
Michigan Leadership Education for Neurodevelopmental Disabilities fellow

My Beginnings

By Raja Issa (DNP '18)

Raja Issa is a certified professional in health care quality, patient safety and accreditation. He is working as a staff specialist healthcare at Michigan Medicine, leading Regulatory Readiness for Michigan Medicine's nurses. He earned his BSN and MSN from the American University of Beirut and earned his doctor of nursing practice (DNP) degree at the University of Michigan. This is the story of his journey in his own words.

I was raised in a family that valued being a good person, caring about other people and doing the right thing. In my search for career options during my junior year of high school, I found that many careers allow one to affect the lives of others positively, though few strive to serve all people, regardless of age, religion, social class, ethnicity, gender identity and past life circumstances. Nursing made perfect sense as my first career choice; however, nursing was not considered a common profession for men in Lebanon. Despite my family's reservations, I entered the BSN program at the American University of Beirut in 2004.

My experience earning my BSN was extensive. I was challenged every day by situations that allowed me to grow and made me more resilient. I became a better son, brother, friend and man because of nursing.

After graduation, I decided to work in the pediatric intensive care unit. I was the first pediatric male nurse in the hospital. During my first year in nursing practice, I had the chance to journey with a lot of patients and families through the most critical moments of their lives. I had the opportunity to smile, laugh, love, teach, comfort, encourage, cry or simply be with another person in a personal and meaningful way. Nursing has enabled me to recognize who I am as an individual. Just by being who I am, I can send the message that anyone is capable of caring and that service to others is an honorable pursuit regardless of gender.



Raja Issa with his father after his graduation ceremony on April 28, 2018 in Ann Arbor, Mich.

Being able to flourish as a male pediatric nurse brought strength to other male nurses to join the pediatric team. In the following years, my passion for nursing grew. I wanted to make a change—not only to the lives around me but also to the practices, standards and treatments within the health care system. I went back to school to earn my master's degree in nursing administration while working full-time as a nurse. During my graduate studies, I learned that nurses are not just caregivers; they are so much more than that. They are advocates, teachers, planners, evaluators, managers and researchers. No career other than nursing allows someone to specialize and fulfill so many roles. In 2010, I had the opportunity to perform my practicum in advanced practice in nursing administration at the Johns Hopkins Hospital and the Johns Hopkins School of Nursing in Maryland. During this experience, I explored new models of care and learned more about the impact of nursing on excellence in health care quality and patient safety.

After moving to Michigan in 2011, I worked in multiple health systems in Southeast Michigan. I noticed that excellence in quality is highly personal for everyone working in the industry, but our health care system is vastly complex. I recognized that

collaboration between disciplines tends to be the exception rather than the rule. I also witnessed the implementation of many clinical and non-clinical interventions but without appropriate ways to measure and evaluate outcomes.

Being a nurse has always given me a sense of purpose. I am in this career not only to have a job but to help improve people's lives. The system is not perfect, so I asked myself, "What am I going to do to help the system achieve higher reliability?" Working at Michigan Medicine motivated me to seek further enlightenment. I applied for the DNP program at the University of Michigan School of Nursing (UMSN). My goal was to graduate from one of the best and well-designed programs in the country. Today, after finishing my doctorate, I have more confidence and feel equipped with the appropriate knowledge and skills to lead change on a larger scale. UMSN taught me how to improve patient outcomes working in a collaborative environment.

They say, "Once a nurse, always a nurse. No matter where you go or what you do." Nursing continues to be an honorable journey for me, and I love every minute of it! ■

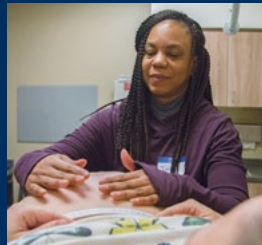


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nurse practitioner



#8
Nursing
informatics



#10
Family nurse
practitioner



#18
DNP
UMSN offers a post-baccalaureate
DNP and post-master's DNP



#8
Nursing
administration



#8 Overall ranking
Master's degree programs

