

# PANACEA

Fall 2021



## HEALTHCARE'S GREAT COMMUNICATORS

Defined messaging strategy can create  
more effective advocacy in nursing. P. 14





# PANACEA

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Top: In a recent study, Assistant Professor Sheria Robinson-Lane, Ph.D., RN, MHA, and her team showed that Black COVID-19 patients received less medical follow-up, longer delays returning to work and higher rates of hospital readmissions.

Middle: University of Michigan students returned to campus this fall with most classes in person and residence halls back open for the 2021 fall term.

Bottom: The U-M School of Nursing Global Health Office welcomed students back to campus this fall and introduced them to an array of global health opportunities.







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Dean Hurn meets with Cooney to learn more about her novel career path as an alumna of the School and discusses how innovation and advocacy can be at the core of nurses' identities.

## Q&A WITH DEAN HURN

U-M School of Nursing alumna Julia Cooney (BSN '81), a leader in clinical operations innovation and technology-enabled transformation for more than three decades, met with Dean Patricia Hurn for a wide-ranging discussion on topics ranging from innovation to the art and science of advocacy in this edition of Q&A with Dean Hurn.

**Julia Cooney (JC): Since you became dean of the U-M School of Nursing, you have made innovation one of the primary focuses for the School. What outlets are there for students and faculty to develop more as innovators?**

Dean Patricia Hurn (PH): I want innovation to become part of nursing's identity, but that's not something that you just snap your fingers and it happens. The first step in making that happen is creating an environment at the U-M School of Nursing where everyone can see that innovation is valued. At a student level, we've created extracurricular activities like our Student Voices program, which is intended to be a platform for a more active voice for students in the governance of the School and to bring ideas forward to make change. Now that might seem very basic, but if you want to develop innovators, you must create platforms that give them permission to drive change.

The Innovate 4 Change student hackathon is a more tangible way for students to apply an innovative mindset to a practical application in the real world. This is the inaugural year of the event. It is totally led by our nursing

students and it will bring together interdisciplinary groups of University of Michigan students over five weeks, when they can collaborate and create innovative solutions to challenges related to environmental sustainability, health equity, psychological and physical safety of nurses and global health.

Our faculty, which will also serve as mentors for the Innovate 4 Change hackathon, need to see that we are invested in creating an ecosystem for them to develop as innovators as well. The Healthcare Innovation Impact Program (HiIP), which was created at our School almost two years ago now, offers our faculty health care innovation support and engagement services directly from the U-M School of Nursing. I should also mention that I think developing faculty, who are high-profile health care innovators, is a really important step in growth for our students. Students need to see and hear about innovation from the people who train them.

**JC: What can the School do to develop more nurses who can advocate for themselves and the profession?**

PH: There is an art and science to advocacy. Whether we're talking about





**"I HOPE THE ONE MESSAGE OUR STUDENTS TAKE AWAY FROM ME AND THE SCHOOL IS THIS ABSOLUTE CORE BELIEF THAT IT'S UP TO NURSING TO TRANSFORM HEALTH CARE."**

**-DEAN HURN**

advocating for nurses to become more involved in leading innovation or a different model of care that provides more equitable access to care for communities, I think it's important to recognize that there is a science behind advocacy. In nursing I don't think we've begun to fully explore that in a way that has been done in other settings. For example, we understand a lot about advocacy in public policy, but we don't know much about how to alter local conditions for

health care in communities. Nurses have certain skills and knowledge, like communicating very complex information to patients in very understandable terms, that can be put to better use to be advocates for issues that go beyond patient care. Skills like these we already know could help nurses lead the transformation of health care, but we should also be cognizant of the science that we haven't yet developed that will show us how to apply these skills.

**JC: What do you view as the first steps in laying the groundwork for the advancement of advocacy in nursing?**

PH: First, on the education side, we need to embrace it and lace it through everything we do as we educate and train students. We need faculty who understand and are willing to teach it to role model it for our students. Our goal is to not only help develop that in our faculty, but also recruit new faculty who can add that science piece of advocacy we talked about. I know the will is there to do this. Now we need to develop the mechanisms and skills.

I hope the one message our students take away from me and the School is this absolute core belief that it's up to nursing to transform health care. In order for our profession to lead that transformation, we have to know how to be effective advocates. ■



Cooney, who will be a judge in the School's Innovate 4 Change hackathon this fall, outside the 426 N. Ingalls Building during her visit to the U-M School of Nursing this fall.

# COMMENTS AND TWEETS



You never know. We all question what we would do in a true life or death situation.

I was to be in town one day only. A one day visit with Shannon McNeely who in the past year had become my closest friend. A recent U of M Nursing grad who had recently accepted a job at Denver Children's Hospital. The agenda was simple. See mountains. As we entered the majestic mountain range we began to do what we do. Talk. Her move. The future.

We were only 10 minutes into our hike when the man came in a full sprint screaming and waving his hands. He was in a full panic mode.

"Help! Please help! Are you a nurse or a doctor!? My son is trapped under a boulder!"

He continued passed us. Someone needed help.

"AG run." she said.

We both took off at top speed. Surveying the scene for the boy. This was a lot different than the many trails we had shared at Bird Hills. Fear pushed the pace. What were we about to see?

We came upon a biker who let us know the boy was around the corner. Deep breath. Expect the worst. It was worse. Shannon then took control. The boy was at the base of a rock wall. He was climbing when he fell and dislodged a boulder which landed on his lower leg. He was losing blood. And fast. Shannon observed the situation from the base of the injury. Holding the young mans hand and walking him through exactly what was happening. Establishing rapport. Keeping him alert and engaged.

"AG stick!"

I retrieved a small stick and she proceeded to make a tourniquet. Applying pressure. The young man was in immense pain. He begged her to stop. She did what was necessary. She then mobilized everyone in the vicinity. Directing people (me) to stop cars to find a signal to make the 911 call. Bracing the boys back. Holding his hand keeping him alert.

She led this poor kid through it. And his family, the passers by, and myself included. At one point towards the end. She searched the crowd for me. I slapped my hand on my chest twice.

"You. Got. This."

EMS arrived in full force. The boys future was still uncertain. Shannon collapsed into the arms of the grateful family. They exchanged contacts. And we left.

The next day they let Shannon know that if it were not for the tourniquet the surgeon said he would have bled out. He had a severed vein and an open compound fracture. You never know. We all question what we would do in a true life or death situation. I know what Shannon would do. And it was miraculous to behold.

**Post by Aaron Garner**





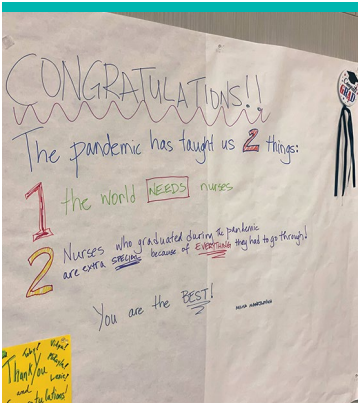
"I already posted on Facebook, but I wanted to post here too that I am so excited to announce that I'm going back to grad school at U-M to become an AGAC-NP!! Can't wait to start this new chapter of my life/career."

**Madison Parnell, graduate student**



"Happy first day of school!"

**@squiggy.b, School of Nursing dog**



"Fact! #2021\_ GraduateNurses @UMichNursing"

**Nrmeen Turkistani, alum**



"Back to school! Mixed emotions as this is the first time in 17 years we're not dropping her off at school. So proud of the independent woman she is! Praying your Sophomore year is everything you want it to be. Miss you already Sarah!"

**Maria Rosaria Minelli Yarris, School of Nursing parent**



"We are excited to WELCOME our nursing students back to campus! Our sophomore students visited the Global Office, today. Check out what countries they would like to go to. If you could travel anywhere in the world, where would you go first?"

**U-M School of Nursing, Office of Global Affairs**



"Getting used to Maize and Blue @umichnursing"

**Ethan Niszczak, undergraduate student**



"Spent our Saturday with 100,000 of our closest friends. It's great to be a Michigan Wolverine!"

**Kendra Mikatarian, graduate student**



"Moving to Couzens"

**Joyce Robertson, alum**



Jacob (second from left) speaking with scholarship recipients on campus.

## ALUM'S ENDOWED SCHOLARSHIP HELPS MICHIGAN NURSES EFFECT CHANGE

Since 2005, the Denise Shough Jacob Endowed Scholarship has provided financial support for first-generation students from Detroit, opening new doors for a diverse group of Michigan Nurses and empowering a push for more equitable health care in underserved communities.

The full-ride scholarship was established by alumna Denise Jacob (BSN '77, Ph.D. '97) and her husband, Jamie, to make a world-class nursing education more accessible for students who graduated from Detroit Public Schools.

"Nursing is such a great career path, and I believe the U-M School of Nursing provides a stellar education," Jacob said. "We would not have created this scholarship without my experiences at the School of Nursing, so it was an obvious choice to help provide that opportunity for others."

### Personal support

To date, nine Jacob scholars have graduated from the School of Nursing, and two are actively pursuing their undergraduate degrees. For Jacob, the scholarship is an opportunity for mentorship and lasting connections. She meets with scholarship recipients throughout the year, sharing insight from her 35-year career in health care, which included roles in staff nursing, administration, education and research. For the past decade, Jacob has had a dedicated focus on health equity and access as a board member of Planned Parenthood of Michigan.

"I'm interested in their experiences, and I get to serve as somewhat of a cheerleader for them, which I really enjoy," she said. "Our graduates are out there doing great

work, and I'm incredibly proud of every single one of them."

Jacob knows that scholars can also play an important role promoting nursing as a viable and rewarding career path in an environment where it may often seem unattainable.

"It's always our hope that these scholars can serve as role models in their communities, so just knowing about this scholarship could motivate younger students to consider a nursing career," she said. "It's a complex and demanding education because it's a complex and demanding role, and sometimes people don't realize what it takes."

### Success to shape the future

The impact of the Shough Jacob scholarship goes beyond the individual. What started



as a means to make nursing education more accessible for select students has grown with the realization that their personal successes can contribute to a greater understanding of health inequities and better care for communities like Detroit.

“We need to have more people from underrepresented backgrounds become health care providers,” Jacob said. “Patients need to see nurses who look like them, who have a better understanding of their life experiences. That translates into more culturally appropriate interventions, more confidence in one’s provider and ultimately better health outcomes.”

### Moving our mission forward

The Shough Jacob scholarship exemplifies the U-M School of Nursing’s longstanding mission to advance health equity in local and global communities. It’s a mission that led to the establishment of the school’s new Office of Health Equity and Inclusion.

Led by Chief Health and Academic Equity Officer, Rushika Patel, Ph.D., the office will continue to advance academic diversity, equity and inclusion (DEI) while serving as a platform for organized activities to address health disparities across populations. It will provide resources, support and growth opportunities for students, faculty and staff and be home to the school’s student resolutions officers and undergraduate DEI faculty consultants. The office will also examine curriculum, teaching and research to build a more diverse pipeline of nursing professionals and perspectives while also exploring the School of Nursing’s potential to facilitate health equity in larger contexts beyond the U-M community.

“The forces impacting equity in health and nursing education are dynamic, complex and deeply interrelated,” said U-M School of Nursing Dean Patricia D. Hurn, Ph.D., RN, FAAN. “The last year and a half’s pandemic has emphasized that we must dare to challenge and change the consistent health disparities in our state, country and globally. This office will highlight the work of those making significant contributions to equity in the School of Nursing, U.S. and broader global community while working to constantly strengthen our individual and collective impact in these critical areas.” ■



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## WHERE ARE THEY NOW?

### Dajai Livingston, BSN, CNM (BSN '13, MSN '17)

Since earning the Shough Jacob scholarship in 2008, as a graduate of Renaissance High School in Detroit, Dajai Livingston has gone on to earn her BSN and MSN from the U-M School of Nursing. While she was a graduate student, Livingston studied abroad in Uganda for a month, where she worked closely with midwives, gaining additional insight on physiologic birth while working with underserved populations. She is currently a Certified Nurse Midwife at Ascension Providence Hospital and working toward earning her DNP.

### Advice to future scholars

“There are endless possibilities in nursing. Aim high and do what you love! Build a network of supportive people and maintain communication. Develop healthy study, work and life habits! Remember, give yourself grace and know you will always be learning.”

**-Dajai Livingston, Shough Jacob scholar**



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# VIRTUAL EDUCATION **FOR VETERANS HEALTH**

**S**upported by a \$72,000 grant from the Michigan Department of Health and Human Services, Clinical Professor Michelle Aebersold, Ph.D., RN, CHSE, FAAN, Clinical Assistant Professor Deb Lee, Ph.D., FNP, ACNP-BC and retired Brigadier General Carol Ann Fausone (BSN '75) are using immersive technology to enhance nursing education and improve health care for military veterans.

The University of Michigan is only one of two institutions in the state to receive the Community Nursing Clinical Education Partnership Grant, which focuses on the use of 360-degree video to address health inequities and give nursing students the tools to engage in culturally competent clinical practice.

## **Understanding our veterans**

Other than an occasional mention, caring for military veterans is not part of a traditional nursing curriculum. Many veterans, however, receive health care in local settings and have unique needs — including serious mental health considerations — as a result of their experiences from a variety of wartime eras and locations. This creates a need for providers to understand each veteran's unique background, culture, values and traditions to provide quality care.

Aebersold, Lee and Fausone began by connecting with focus groups composed of veterans and nurse practitioners who are regularly engaged in veterans care. Fausone served for 36 years in the U.S. Air Force and Michigan Air National Guard and now advocates at the law firm Legal Help for Veterans, PLLC with her husband, Jim.

Like many patient-provider relationships, trust is critical, but establishing trust carries added significance for veterans.

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Lee (right) conducting a simulated patient interview with Throneberry during a 360-degree video.

“Veterans often struggle to find the same trust in civilian life that they experienced within their military unit. If they’re going to get medical services, whether it’s for post-traumatic stress, a brain injury or some other disability, it’s important for that veteran to have a trusted advocate,” Fausone explained.

Oftentimes, the foundation of that trust is formed in the first moments of a patient interview and assessment.

“This is a population that can be very guarded,” said Lee. “We’ve focused on how to interview these patients in a way that’s comforting. How can we develop a relationship that allows them to discuss their issues and lets us help them?”

### Reassessing nursing education

The team’s work comes to life through 360-degree video, a virtual reality format that allows a viewer to observe content in multiple directions from a fixed point.

Aebersold is a leader in simulation learning innovation and has been developing virtual reality approaches to health care education since 2008. For many, the advantages of these methods became clearer during the COVID-19 pandemic.

“I think the pandemic took educators who would have never entertained using this technology and turned them into early adopters,” she said. “These aren’t your standard videos. They are virtual reality experiences that students can actively engage in.”

Filming throughout the spring and summer, the team created immersive videos that place viewers at the center of 10 distinct scenarios specific to veterans care, covering topics such as depression, hospice, PTSD, suicide and reintegration.

The videos are now freely available to nursing schools across the state at [nixr.nursing.umich.edu](http://nixr.nursing.umich.edu), and discussions



Michigan Media used a small camera to capture the 360-degree videos while they watched in live time just outside of the room.



Aebersold lectures in front of a green screen for the immersive video project.



Michigan Media reviews one of the 360-degree videos during filming.



are underway on how to integrate them in the U-M School of Nursing's undergraduate curriculum.

"I am the nurse I am today because of how I was taught in my undergraduate education," Fausone said. "I think this is an opportunity to give students new tools to ask new questions and form a different perspective."

### Expansive opportunities

With the variability of veterans care across health systems, these innovative videos can address gaps in knowledge and training for a range of students and providers.

"Even though this is targeted at undergraduate students, it's beneficial for nurses at every level who've never had the opportunity to care for veterans," Aebersold said. "I think this resource can be utilized across disciplines and throughout the country to have a profound effect on patient care."

As Fausone explained, improving care for veterans can reshape quality of life for individuals and families.

"If a veteran can get the care they need when they come back, it gives their children an opportunity to see their dad or mom as they knew them before they went into service," she said. "They stepped forward to serve our country, and their families sacrificed too. I think we owe this to them." ■



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## IF A NURSE TAKES THE EXTRA TIME TO FIND OUT WHAT BRANCH YOU WERE IN, WHAT YOU DID AND WHERE YOU WERE STATIONED, IT MAKES A DIFFERENCE.

### 'Actor' and advocate: Dale Throneberry (B.A. '73, M.A. '75)

Dale Throneberry was a pilot in the 195th Assault Helicopter Company as a chief warrant officer during the Vietnam War. He's also the founder of Ann Arbor-based Veterans Radio, a weekly program that has allowed him to connect with countless veterans and families from many eras and all walks of life.

His passion for the veteran community and a recent stay in a

U.S. Department of Veterans Affairs hospital motivated him to take part in the project, in which he appears as a patient in a number of videos.


"I've realized just how dependent we are on our nurses," Throneberry explained. "If these videos can help nurses build a more trusting relationship with their veteran patients, that's half the battle."

Throneberry acknowledges that improving care for the nation's vets starts by asking the right questions.

"It's very helpful if you have a nurse who is more aware of what their patient has gone through," he said. "If a nurse takes the extra time to find out what branch you were in, what you did and where you were stationed, it makes a difference.

"You might start talking to someone and find out they're navigating homelessness or can't afford their medication. If you ask the right questions, they're going to trust you, and they're going to come back to you when they need help."



A portrait of Sheria Robinson-Lane, an Assistant Professor. She is a Black woman with long, dark dreadlocks, wearing black-rimmed glasses, a dark blue blazer over a gold top, and a necklace. She is looking slightly to the right of the camera with a neutral expression. The background is dark and out of focus.

Assistant Professor  
Sheria Robinson-Lane

# HEALTHCARE'S GREAT COMMUNICATORS

Defined messaging strategy can create more effective advocacy in nursing.



In a recent study, Assistant Professor Sheria Robinson-Lane, Ph.D., RN, MHA, and her team showed that Black COVID-19 patients received less medical follow-up, longer delays returning to work and higher rates of hospital readmissions. The findings come from the kind of research Robinson-Lane has built her career on, highlighting the health disparities faced by far too many and presenting novel solutions to improve care for the most vulnerable.

With new tools and approaches she's developed in a unique U-M faculty fellowship, Robinson-Lane is working to engage a broader audience — including state and national policymakers — around her life's work, demonstrating how nurses can be some of the most impactful advocates for health equity.

#### Family foundation

Robinson-Lane is dedicated to improving quality of life for diverse older adults with chronic illnesses through culturally responsive care practices and community based participatory research.

She draws inspiration from her grandmother, Lula, who lived to age 98 while defying the odds of her Alzheimer's disease diagnosis.

"As a nurse, it was fascinating to see the stark contrast between the way she was aging in place in her home, in her community, surrounded by people she loved compared to those were much younger with a number of health conditions that led them into long-term care," Robinson-Lane said.

A former nurse administrator and hospice educator, Robinson-Lane shifted her career to focus on research, exploring the impacts of systems and social structures on individual health with a commitment to reducing health disparities through community-engaged science.

"I saw how being part of a community and having a deep sense of spirituality helped people dealing with pain. It shaped my view of nurses, physicians and providers as partners in care," she said.

#### Growing as an advocate

Earlier this year, Robinson-Lane joined the 2021 cohort of U-M's Public Engagement Faculty Fellowship. The program helps faculty members improve their public

**"I THINK NURSES HAVE A UNIQUE ABILITY TO TRANSLATE SCIENCE IN WAYS THAT OTHER DISCIPLINES DON'T, BECAUSE SO MUCH OF OUR WORK IS HELPING A REGULAR PERSON UNDERSTAND WHAT'S HAPPENING TO THEM."**

**-SHERIA ROBINSON-LANE**

engagement practice across domains including communications and media engagement, community-engaged research and service, industry partnerships, government relations and more.

As a mentor fellow, Robinson-Lane shared her insight with counterparts across disciplines. In the process, she began to think differently about the messaging surrounding her research, exploring new ways to present her work and become a more effective advocate.

"I really wanted to focus on how I can move my work into policy from the very beginning, not just something that appears in a journal or ends up as a soundbyte," she said. "How do we start to move these ideas and results we've spent so much time developing into something that actually makes a difference for people?"

To expand its impact, Robinson-Lane knows she has to make her research relatable to a larger audience.

"I think nurses have a unique ability to translate science in ways that other disciplines don't, because so much of our work is helping a regular person understand what's happening to them and normalizing that process," she said. "I think the fellowship allowed me to take different approaches and articulate science in ways that are more meaningful to individuals."

#### Troubling trends

Lessons from the fellowship came into play quickly, as Robinson-Lane's latest research garnered national media attention and spread across social media.

In "Race, Ethnicity, and 60-Day Outcomes After Hospitalization With COVID-19," published in the Journal of the American Medical Directors Association, Robinson-Lane and her co-authors examined health disparities in 2,217 COVID-19 patients discharged from Michigan hospitals in the past year and evaluated 60-day patient outcomes by race and ethnicity.

They found that nonwhite patients were most likely to be readmitted to the hospital within 60 days of release. Black patients, in particular, were less likely to receive accommodations in their workplace due to ongoing health issues, including long COVID symptoms such as fatigue, weakness, shortness of breath and persistent cough.

In "Race, Ethnicity, and 60-Day Outcomes After Hospitalization With COVID-19," published in the *Journal of the American Medical Directors Association*, Robinson-Lane and her coauthors found that nonwhite patients were most likely to be readmitted to the hospital within 60 days of release.



The study not only illustrates the long-term challenges COVID-19 patients face after hospitalization but the longstanding biases individuals of color encounter in the health system.

"In at least one study of COVID emergency room visits, which we cited in our paper, patients most likely to be sent home from the emergency room and then readmitted within 72 hours after presenting with COVID symptoms were Black," Robinson-Lane told Michigan News.

The research also showed that Black patients experienced the lowest physician follow-up after discharge. Changes to the post-discharge process can be crucial to improving outcomes for Black patients.

"It's important for providers to identify a family caregiver early and make sure they're part of the discharge planning process," Robinson-Lane said. "It also starts with questions surrounding social

determinants of health, but providers have to know about support available within the community. Do you have transportation to get to your follow-up appointment? Do you have a way to connect for a telehealth visit? If individuals are keeping up with their appointments, they're less likely to be hospitalized again."

The study also highlighted a glaring need for more accurate demographic data.

"We have a large population of North African/Middle Eastern individuals who aren't classified within the medical record system," she said. "There's also a large issue identifying people who are multiracial and biracial."

Findings from the study like these and others piqued the interest of state and national lawmakers, focused on understanding the racial and ethnic impacts of COVID-19.

### Reaching policymakers

Robinson-Lane was invited to present her findings to the Michigan Coronavirus Task Force on Racial Disparities on Oct. 8. The task force, led by Michigan Lt. Gov. Garlin Gilchrist II, comprises state lawmakers, health officials and community stakeholders who aim to increase transparency in reporting data on the racial and ethnic impacts of COVID-19, remove barriers to accessing health care and reduce the impacts of medical bias in testing and treatment. Thanks to the fellowship, Robinson-Lane brought a revitalized approach to her presentation.

"Health disparities are often presented in terms of what's wrong with the population, why they're responsible for a problem and how they need a savior to help them," Robinson-Lane said. "I wanted to communicate by leveraging the strengths of a community, outlining the contextual factors that influence health outcomes and



putting that into a policy perspective that can lead to sustainable solutions.”

Robinson-Lane focused on systemic issues identified in her research which can be addressed through public policy.

“Why do we have this large category of people whose race and identity we can’t identify, and why don’t we know any information about the disability status of these individuals?” she asked. “These are critical things we have to know about in order to help those who need it most. If the state requires that reporting, the health systems will figure out a way to make it happen.”

Robinson-Lane also addressed clinical approaches that could mitigate troubling trends.

“How do we develop more COVID-19 clinics across the state, where individuals can receive specialized support once they’ve been discharged? These clinics can also serve as information hubs for people if they have questions about their symptoms or how to find services for a disability resulting from those symptoms,” she said.



The Michigan State Capitol in Lansing, Mich. Robinson-Lane hopes her research can help inform policies that legislators and executives in state government can use to examine health disparities in communities across the state.

## "IN AT LEAST ONE STUDY OF COVID EMERGENCY ROOM VISITS, WHICH WE CITED IN OUR PAPER, PATIENTS MOST LIKELY TO BE SENT HOME FROM THE EMERGENCY ROOM AND THEN READMITTED WITHIN 72 HOURS AFTER PRESENTING WITH COVID SYMPTOMS WERE BLACK."

**-SHERIA ROBINSON-LANE**

In addition to her presentation to state officials, Robinson-Lane was contacted to speak to counsel to the House Select Subcommittee on the Coronavirus Crisis. Led by Chairman James E. Clyburn, Majority Whip U.S. of the House of Representatives, the subcommittee was established on April 23, 2020 to examine a wide range of issues related to the coronavirus crisis. Her research will be

most useful to the subcommittee’s task of examining any disparate impacts of the coronavirus crisis on different communities and populations, including with respect to race, ethnicity, age, sex, gender identity, sexual orientation, disability and geographic region, along with any measures taken to address such disparate impacts.

Robinson-Lane understands it’s going to take sustained engagement for her work to shape systemic solutions, and new conversations can start with a simple message that’s helped guide her career.

“When we promote equitable care, it benefits everybody,” she said. “If we can make sure that the most vulnerable among us are cared for, that means we’re all cared for.” ■



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ALUMNI SPOTLIGHT

# MAKING A DIFFERENCE FOR SMALL-TOWN CARE

“Just because you’re from a small town doesn’t mean you deserve less.”

That mindset has motivated alumna Ashley Tupper (MSN '14) throughout her nursing career, leading her to the U-M School of Nursing and her very own family practice in Newcastle, Wyoming.

Tupper grew up in the small farming community of Shepherd, Michigan. Her parents were health care professionals and helped Tupper acknowledge her ambitions at an early age. Throughout high school, she took night classes at Mid Michigan College in order to enter the nursing program as soon as she graduated.

“I didn’t have desires on anything other than nursing,” she said.

**A dream derailed**

During clinical rotations as a nursing student at Mid Michigan College, Tupper started having an unexplainable allergic reaction. Without identifying the underlying cause, the college could not let her continue in the program.

“I had hives and blisters on my face,” she recalled. “What can I touch? What can I be around? I had no idea what I was going to do.”

Disappointed but determined, Tupper found a new direction far removed from her dream job. She began selling ads for her local hometown newspaper, working her way up and building a skill set in sales. At age 20, she managed her own team as the classified sales director for the Midland Daily News.

**Aha moment**

While refinishing a family sailboat, Tupper’s allergic reaction reappeared, triggered by







Top and left: At Hometown Medical Clinic, Tupper provides essential care and occupational health services to patients, families and employers in Newcastle, Wyo.

the epoxy her father was applying to the hull. Something clicked, and she eventually learned that contractors who remodeled the nursing home where she had done clinical rotations years ago used an epoxy resin when installing new carpet.

“In that moment, I thought maybe I could pursue nursing again — maybe this would be okay,” she said.

At 24 years old, Tupper left her successful career at the newspaper and enrolled in the BSN program at Saginaw Valley State University (SVSU).

“The tables turned,” she said. “I was an old student struggling through chemistry class alongside kids who were fresh out of high school.”

Tupper sought out clinical experiences wherever she could, working in medical-surgical units, obstetrics, cardiac catheterization and cardiac intensive care. Eventually, she decided to become a nurse practitioner, preparing for a simple transition to graduate studies at SVSU until a pivotal conversation with a faculty mentor.

“She said, ‘Just because you grew up in a small town doesn’t mean you have to stop here. You can apply to the University of Michigan.’ I never even considered it,” Tupper said. “The U-M School of Nursing was on the cutting edge of evidence-based practice. They were writing the research I was studying as an undergrad. I wanted to be part of that.”

Tupper came to interview for U-M’s Family Nurse Practitioner program with a plan – literally. She

knew nurse practitioners were starting their own clinics, and she saw a path to provide quality health care for overlooked communities like her hometown. During the interview, Tupper laid out her vision for a nurse-run rural clinic, complete with a business plan.

As Tupper pursued her degree at the U-M School of Nursing, her husband, Michael, joined the College of Engineering to study naval architecture and marine engineering. In two years, Tupper earned her master's combined with a concentration in occupational health.

#### Heading west

After graduation, Tupper began working at an urgent care and occupational health clinic in South Lyon, Michigan, while her parents settled into their new home in rural Wyoming.

"I always told my husband we would eventually move back to a small town where the businesses shut down on Friday night for football games, because that's where we grew up," Tupper said. "One day, my mom called and told me, 'We found your small town.'"

Wyoming is an independent practice state, where nurse practitioners don't need a collaborative agreement with a physician to operate. It was an opportunity to execute the plan she laid out so carefully in Ann Arbor. Six months pregnant with her second child, Tupper moved across the country and began working at Newcastle's only health clinic at the time.

"I was the first nurse practitioner to work in the clinic, and I was part of the family right away," Tupper said. "When I was in Michigan, you didn't just call or text the neurosurgeon to check on your patient, but that's exactly what happens here. When you're in a small town, you have to make connections."

#### A tragic turning point

Tupper was settling into life in Wyoming, but back home in Shepherd, her aunt, Peggy, was battling painful complications from an undiagnosed cancer. Struggling to find answers at a local clinic with limited resources, Tupper's aunt and uncle turned to her for help. She drove across the country in 17 hours and facilitated Peggy's transfer to Michigan Medicine.

"She was terrified and in pain, but she still didn't think she deserved to go there," Tupper said. "She would say, 'That's where kids with cancer and really sick people go.'"

"Just because you're from a small town doesn't mean you deserve inferior care. We're not going to let you fall through the cracks."

-Ashley Tupper



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Peggy learned she had end-stage uterine cancer. After weeks of world-class care and compassion, she was transferred to hospice to spend her final days with family at home.

The experience instantly changed the way Tupper viewed her practice. Instead of an obstacle, small-town care could be an asset.

“Just because you’re from a small town doesn’t mean you deserve inferior care,” she told her patients. “We’re not going to let you fall through the cracks. You can call my cell phone, you can message me on Facebook, you can stop me in the hallway while I’m dropping my kids off at school, because that’s where we live, and we’re going to start seeing that as a benefit.”

### Fulfilling a vision

Tupper opened Hometown Medical Clinical in September 2019, with her mother running reception, her father helping with administrative duties and her husband as chief operating officer.

Now, with a team of 11 employees and two other providers, the

clinic serves local families and provides occupational health services to some of the community’s largest employers. They have a direct care program for the uninsured, work with the state’s Cancer Coalition to provide free screenings and were the first in their community to offer COVID-19 testing.

Now with 3,706 registered patients in a town of only 3,400, the clinic will move into a larger new space next year.

“I wouldn’t have had the confidence, knowledge and experience to do this if I hadn’t followed that path to the University of Michigan,” Tupper said.

To make quality health care more accessible for communities like Shepherd and Newcastle, Tupper knows it will take a new generation of nurses who share her mindset.

“Don’t be scared to get out into the small towns and independent practice states,” she said. “Caring for these communities can come with personal sacrifice, but the rewards are unexplainable.” ■



Alumna Ashley Tupper (MSN '14) stands outside of Hometown Medical Clinic in Newcastle, Wyo.

# HOW TO SAVE A LIFE

As senior Riley Zick trains to save lives in U-M's Bachelor of Science in Nursing program, she's helped deliver a lifesaving gift to a cancer patient thousands of miles away.

During a meeting of the U-M Student Nurses Association her first semester on campus, Zick joined the bone marrow donor registry through Be The Match, the National Marrow Donor Program.

"It can't hurt to sign up," Zick thought. "They sent a cheek swab to my dorm, I sent it back and then didn't think much about it."

"Every three minutes, someone is diagnosed with a blood cancer in the United States."

Finding a match is essential for thousands of blood cancer patients, but in many cases it's unlikely. Only one in every 430 prospective donors on the registry has a chance of matching with someone in need.

"Every three minutes, someone is diagnosed with a blood cancer in the United States and told they need of a transplant as a part of their cure," said Nichole Badura, a stem cell recruitment specialist for Versiti, a Be The Match network partner. "Only 20% of these patients will have a match in their family, so the rest of them defer to our registry. But there are not enough donors for every patient in need."

## Answering the call

Zick doesn't usually answer phone calls from unknown numbers, but in December 2020, she picked up and learned she might be able to save someone's life.

"That initial cheek swab gives us some information about whether you match, but further bloodwork is needed to tell us just how well you match for a patient," Badura explained.

Additional tests confirmed that Zick was an ideal candidate.

"Only 20% of these patients will have a match in their family, so the rest of them defer to our registry."

"They said I was a near perfect match," she recalled. "It usually takes up to six months from that first phone call to the actual donation, but my recipient wasn't doing well, so things moved quickly."





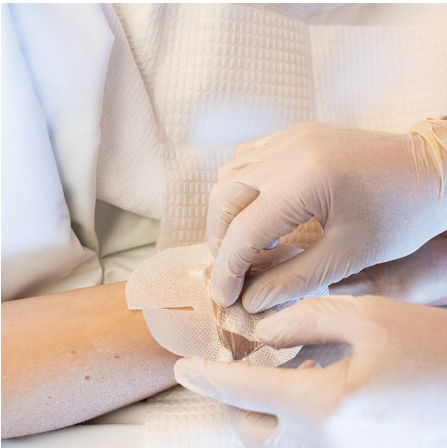


U-M School of Nursing undergraduate student Riley Zick believes nursing and other health professional students are in a unique position to advocate for others to join the bone marrow donor registry.



Right: Zick sat motionless for 8 hours as stem cells were extracted from her bone marrow.

Bottom: During the donation process, IVs had to be attached to both of Zick's arms.



### Extra practice

Leading up to her donation, Zick had to inject herself with Neupogen, a marrow stimulant that would raise her white blood cell count. She relished the opportunity for some extra clinical training.

"I injected myself every morning for four days, calculating dosages and monitoring my vitals," she said. "I live with two other nursing students, and my neighbors are also nursing students, so I knew if I didn't want to inject myself they would fight over who got to do it."

### Donation day

In February 2021, Zick and her mother arrived at the donation center in western Michigan for an important day of

inactivity, as stem cells were extracted from her bone marrow.

"I sat there with my arms extended for eight hours," Zick said. "You can't get up, but you also need to drink a lot of water, so I had to wear a diaper. I couldn't even hold my phone, and my mom had to feed me."

After the long, motionless day, a courier was waiting outside to rush Zick's donation to the airport and on board an international flight.

"There's only a small window of time to get the product from donor to patients as they are prepped for a transplant," Badura explained.

Zick's recipient chose to remain anonymous, but she was given their age, gender and diagnosis. Zick also learned her cells had traveled to Europe, where she was scheduled to study abroad last winter before the trip was canceled due to the COVID-19 pandemic.

"Studying abroad was something I really wanted to do," she said. "I was disappointed, but it's pretty cool that a part of me got to go there anyway."

### Important advocates

Nurses and other health professional students can serve as knowledgeable donors and impassioned advocates in the push to grow the donor registry.



“People trust their medical professionals, so when you hear from a nurse who has not only joined the registry but been called as a match, they can become a very powerful advocate,” Badura said.

“As a nurse, all you want to do is help people get healthy and fight disease,” said Zick. “It was incredible that something inside me was going to save someone’s life, and it wouldn’t cost me anything — all you’re really giving up is your time,” Zick said.

**Become a match**

Today, Zick proudly displays a Be The Match pin on her U-M student ID. When she’s asked about it at school or on clinical rotations, it’s another chance to share her story.

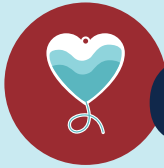
“Joining the registry is the easy part, with a simple cheek swab and a quick online form,” Badura said. “If you get the call that you’re a match, the little bit of inconvenience for you means a chance at life for someone else.” ■

Join the registry at [join.bethematch.org/versiti](https://join.bethematch.org/versiti) or go to [versiti.org](https://versiti.org) and click donate.

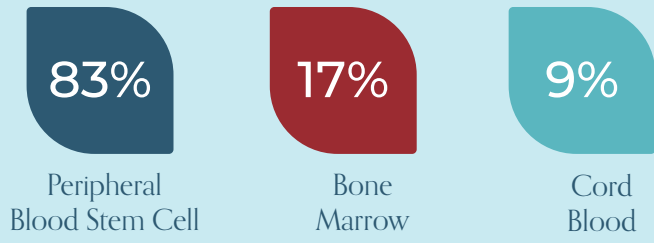


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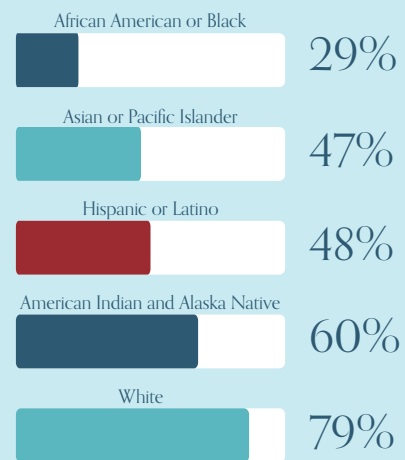
# BE THE MATCH

 **6,600**  
lives impacted in 2020

In 2020, 91% of transplants used adult donors:



Likelihood of having a matched, available donor on the Be The Match registry by patient ethnic background:



Statistics from the Be The Match 2020 Annual Report.

## ALUMNI NEWS



**Sarah DeFlon (BSN '05, MS '11)**

Elected to U-M's University Police Oversight Committee for a two-year term.



**Maggie Fess (Stilec) (BSN '05)**

Named birth center and special care nursery nurse manager at UC Health Yampa Valley Medical Center in Steamboat Springs, Colorado.



**Wilma Gillis (BSN '75)**

Inducted into the inaugural class of fellows of the American Association of Nurse Anesthesiologists.



**Gonzalo Gonzalez (DNP '20)**

Named medical science liaison -nephrology/rare disease with Otsuka Pharmaceuticals.

Working on a collaborative nursing textbook that focuses on social justice in nursing, set to publish in 2022.

**Kathleen Klute (BSN '75)**

Completed MSN at Indiana University Kokomo, where she was also promoted to assistant professor of nursing.



**Rhodene Mullings (BSN '19)**

Working as an ER nurse at Mayo Clinic while doing part-time travel nursing.

Named adjunct clinical instructor at Winona State University.



**Jacci Patterson (Bean) (BSN '98)**

Promoted to chief operating officer of SafeDose, Inc.

**Ronald Piscotty (MSN '06, Ph.D. '13)**

Published "Key characteristics of a Successful EHR-supported E-handoff Tool: A Systematic Review" in the Online Journal of Nursing Informatics.



**Autumn Romanowski (BSN '07)**

Promoted to national director of clinical services for nursing at Option Care Health.



**Linda Scott (Ph.D. '99)**

Assumed role of President-Elect of the American Academy of Nursing.



**Cynthia Stone (BSN '77)**

Named faculty assembly president of the Indiana University Richard M.

Fairbanks School of Public Health for the 2021-2022 academic year.



**Deleise Wilson (Ph.D. '11)**

Named senior associate dean of faculty affairs at the University of South Florida College of Nursing.

**John Wright (BSN '84)**

Retired from Blanchard Valley Hospital in Findlay, Ohio, after 26 years of service.








## FACULTY NEWS AND ACCOLADES

- 
**Michelle Aebersold**  
 Appointed to be the 2021 Faculty Innovator in Residence for the Academic Innovation XR Initiative  
 "Evaluation of an Interprofessional Training Program to Improve Cancer Drug Therapy Safety" in JCO Oncology Practice
- 
**Sue Anne Bell**  
 Received Nurse Researcher Award from the Emergency Nurses Association
- 
**Nicole Boucher**  
 Appointed to the National Organization of Nurse Practitioner Faculties Diversity Committee
- 
**Jade Burns**  
 Appointed to the Institute for Healthcare Policy and Innovation's Early Career Faculty Advisory Council
- 
**Deena Kelly Costa**  
 Promoted to Associate Professor of Nursing with tenure
- 
**Elizabeth Duffy**  
 Promoted to Clinical Associate Professor
- 
**Christopher Friese**  
 Named a member of the National Cancer Advisory Board  

 Received the 2021 Oncology Nursing Society Distinguished Researcher Award
- 
**Yun Jiang**  
 Agency for Healthcare Research and Quality R01: "Patient Engagement in Reporting Medication Events during Transitions of Care"
- 
**Heather Jones**  
 Became a certified telehealth provider and educator from the Center for Telehealth Innovation, Education and Research at Old Dominion University  
 Named to the National Organization for Nurse Practitioner Telehealth Committee
- 
**Lenette Jones**  
 Received the Betty Irene Moore Fellowship for Nurse Leaders and Innovators from the University of California, Davis
- 
**Janis Miller**  
 "Paper Towel Test as Independently Self-administered to Quantify Cough-related Urine Loss: Compliance and Comparisons with Survey-only Data in SWAN" in Neurourology and Urodynamics  
 Launched myconfidentbladder.com to help women develop healthy bladder control habits
- 
**Michelle Munro-Kramer**  
 Launched the Human Trafficking Collaborative website to dispel myths about human trafficking and train health care providers to recognize and treat victims
- 
**Deborah Price**  
 Promoted to Clinical Associate Professor
- 
**Laura Prochnow**  
 Promoted to Clinical Assistant Professor
- 
**Marie-Anne Sanon Rosemberg**  
 Named chair of the Centers for Disease Control and Prevention's National Institute for Occupational Safety and Health Chronic Disease Objective  
 Named a Fellow of the American Association of Occupational Health Nurses (FAAOHN)
- 
**Laura Saslow**  
 National Institute of Diabetes and Digestive and Kidney Diseases R01s: "Comparing Two Dietary Approaches for Type 2 Diabetes" and "Testing a Very Low-carbohydrate Diet Version of the Diabetes Prevention Program to Reduce Risk Factors for Type 2 Diabetes"
- 
**Julia Seng**  
 Launched the nonprofit organization Growing Forward Together to create and advance trauma-specific education programs for childbearing families, emerging adults, and their providers
- 
**Clayton Shuman**  
 U-M Institute for Research on Women and Gender grant: "COVID-19 M.A.M.A.S. (Maternal Attachment, Mood, Ability, and Support) of Color Study"
- 
**Rob Stephenson**  
 Selected for the U.S.-U.K. Fulbright University of Birmingham Distinguished Chair Scholar Award
- 
**Sarah Stoddard**  
 Named director of U-M School of Nursing Ph.D. program  
 Named Co-Director of the Center for the Study of Drugs, Alcohol, Smoking and Health (DASH Center)
- 
**Laura Struble**  
 Promoted to Clinical Professor
- 
**Philip Veliz**  
 Promoted to Research Associate Professor
- 
**Terri Voepel-Lewis**  
 Inducted as a Fellow of the American Academy of Nursing
- 
**Deidra Williams**  
 Began new position as a certified nurse midwife at Beaumont Hospital
- 
**Olga Yakusheva**  

 American Nurses Foundation ANCC-aligned research grant: "The impact of specialty registered nurse certification on patient outcomes and costs in acute care"  
 "The Ethical Foundations of Value-informed Nursing Practice" in Nursing Outlook

 New Grant	 Notable Publication
 New Position	 Award/Honor
 Service/Education	

Names change sometimes – let us know if we aren't addressing you correctly. Send an update to [nursingalum@umich.edu](mailto:nursingalum@umich.edu) or call (734) 763-9710.

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