

PANACEA

Summer 2019

VIRTUAL REALITY

Using imaginary worlds to save real lives, virtual reality is more than a technology—it's a destination where innovation and imagination are connecting to shape the future of health care education. P.8



DNP students Lindsey Freysinger (foreground) and Heather Melville get hands-on experience with virtual reality in a UMSN classroom.

PANACEA

**University of Michigan School
of Nursing Dean**

Patricia D. Hurn, Ph.D.

**Communications and Marketing Director
and Executive Editor**

Mike Brinich

Editor

Jaime Meyers

Graphic Designer

Jessalyn Tamez

Photography

Rudy Malmquist

Michigan Photography

Dave Reginek

Jessalyn Tamez

Contributors

Kelly Palkowski

Jodi Smolek

Colleen Zimmerman

Writers

Taryn Aldrich

Mike Brinich

Jaime Meyers

Regents of the University of Michigan

Jordan B. Acker, Southfield

Michael J. Behm, Flint

Mark J. Bernstein, Farmington Hills

Paul W. Brown, Ann Arbor

Shauna Ryder Diggs, Grosse Pointe

Denise Ilitch, Bingham Farms

Ron Weiser, Ann Arbor

Katherine E. White, Ann Arbor

Mark S. Schlissel, ex officio

© 2019 by the Regents of the University of Michigan

Please direct any questions about content in this magazine to sn-comm@umich.edu.



To access QR content, open the camera on your smartphone and scan.



6 GRADUATION

Enjoy the celebration as hundreds of nursing students became U-M alumni and dozens of advanced nursing degrees were awarded.



18 DNP FEATURES

Catch up with four recent DNP grads and learn how their scholarly projects sparked real-world innovation.



14 PATIENT SAFETY

UMSN's Milisa Manojlovich is throwing out the old rules on patient safety with an intrepid new approach.



8 COVER STORY

A bold pilot project is setting UMSN up to be a leader in using virtual reality to enhance health care education and practice.

DEPARTMENTS

4 FROM THE DEAN

14 DISCOVERY

6 GRADUATION

24 ALUMNI NEWS

8 COVER STORY

25 FACULTY NEWS

13 OUT AND ABOUT

26 INGALLS AND BEYOND

Follow **UMichNursing**



Read Panacea online at nursing.umich.edu.

Would you prefer to only receive Panacea electronically? Let us know at nursingalum@umich.edu.



Patel, Hurn and Coleman-Burns with the Dumas award.

Q&A WITH DEAN HURN

In this installment of “Leadership Q&A,” we review some of U-M’s key initiatives and gather Dean Patricia D. Hurn’s insight into UMSN’s contributions to these university-wide efforts.

Diversity, Equity & Inclusion

Dean Patricia Hurn: This year, thanks to the efforts of our faculty and staff—especially Chief Inclusion Officer Rushika Patel and Professor Pat Coleman-Burns—UMSN was honored with the Rhetaugh G. Dumas Progress in Diversifying Award for its progress related to diversity, equity and inclusion (DEI). Its namesake, Rhetaugh Dumas, served three terms as UMSN’s dean in the 1980s and 1990s. She was the school’s first African American dean and the first female African American dean in the university’s history, so earning this award was more than an honor—it felt like we were bringing it home.

This award recognizes improvement rather than superiority. It’s meant to acknowledge who at U-M has made the most progress in this area. That point is especially important because DEI has been a presidential initiative since 2016, which means everyone at U-M is working to support

it; UMSN has simply made the most progress. My hope is that this award helps bring more attention to what we can do when we work together on this important initiative at U-M, but also more broadly for the university, Michigan and nursing as a profession with regard to DEI.

Faculty Public Engagement

PH: In 2019, UMSN produced more than 200 highly trained and educated nurses, nurse practitioners and other advanced practice nurses. I think that is where our story about contributing directly to the public good begins. Communities across the state of Michigan want more value for their health care dollars along with better access. We prepare expert clinicians and leaders who can help Michiganders overcome those challenges—and our faculty make that possible.

We have developed meaningful partnerships with public schools and clinics in our state’s largest urban centers, like Detroit and Flint, where some of the country’s greatest health disparities exist. From an educational standpoint, these partnerships create clinical training opportunities where our students can learn how to better serve people living in areas hit hardest by health care inequality. We have had faculty on the ground for more than 25 years, working to eradicate health problems that disproportionately affect

those communities. From hypertension and homelessness recidivism to human trafficking and substance use disorders, our faculty’s research and interventions have touched diverse populations. We now have multiple generations of faculty working to address these health challenges. We also know that new health-related problems will continue to emerge, and UMSN is committed to identifying potential solutions through firsthand care and innovation.

Campus Climate: Sexual Misconduct

PH: Last year, U-M announced it would introduce mandatory online training on sexual misconduct for all faculty and staff by the end of 2019 (it was already mandatory for students). As a frontline health profession, nursing has specialized knowledge in this area, especially with respect to trauma-informed care for people affected by sexual and gender-based misconduct and violence.

I wanted our school to take a thoughtful approach to how we could package resources for this mandatory training. It was important to ensure the program would be beneficial rather than potentially distressing or negative for individuals who have been affected by sexual or gender-based trauma in the past or present. To promote UMSN’s overall mission to prevent sexual and gender misconduct in all forms, we convened a 16-person sexual misconduct and harassment task force last November, composed of UMSN faculty experts, staff and student representatives. They thoughtfully studied best practices around the topic, meeting with experts and talking to our peer schools at U-M. In the end, the task force delivered an array of insightful recommendations. Some were simple, like making people aware of the resources available; others were more complex, such as creating a learning environment where people could complete the training together, with experts available to answer questions as needed. ■

UMSN COMMUNITY,

Whether you're sharing an accolade, view on a nursing-related topic, memory, suggestion or career update, we love hearing from you. We're introducing a modern-day Letters to the Editor section to Panacea to share some of your feedback and news.

Share your thoughts:

Email

nursingalum@umich.edu

Social media

Facebook.com/UMichNursing

Twitter.com/UMichNursing

Linkedin.com/school/UMichNursing

Instagram.com/UMichNursing

Mail

UMSN Office of Development
and Alumni Relations Suite 1154
400 N. Ingalls St.
Ann Arbor, MI 48109



In response to 2019 UMSN graduate Laura Sinko's exhibit on sexual assault

Moved to tears. Thank you Dr. Laura Sinko, PhD, RN for sharing the stories of healing from sexual violence from survivors through photography and film. #FindingTheStrengthToHeal

Alex Fauer, Hillman Scholar



In response to Washington State Senator Maureen Walsh's remarks that nurses "Play Cards For a Considerable Amount Of The Day."

UMSN: Nurses, let's hear from you. How often do you play cards on the job? Let's hope this comment sparks productive conversations across the country about what nurses really do.

I sometimes don't make time for lunch. Let alone play cards.

Dru Mac

I work 12 hour shifts. No cards, no lunch, no breaks, no bathroom breaks, no personal phone calls, understaffed frequently....shall I go on! This is my chosen profession, and I wouldn't change that for anything.

Marinda Ramey-Golden

As many days as my husband has been hospitalized, and it is many many days, I have walked the halls and eaten in cafeterias. I have NEVER seen one Nurse, CNA, or orderly playing cards. Can't say the same of myself tho. And now I wonder why they didn't invite me to play?

Trina Jones Cuzzetto

25 years as a nurse....never played cards or anything else on the job!!!

Christine Birmingham

I only ever played Uno with kids while they were on hemodialysis AFTER staff helped them with their homework.

Sheryl Melber

We had THE BEST nurses and techs at Mott when my daughter was there last week. So kind, caring, and responsive. Thank you to all nurses for your dedication.

Colleen Ann

Editor's note: These comments represent only a small sample of reactions to this post.



Once a nurse, always a nurse

After I retired, I decided to focus on my crafty side. I love to knit & crochet & embroider so I joined the Alcona Needle Crafters. Our goal is to create hats, mittens, scarves, baby items, blankets and dialysis sleeves for the needy in our county and surrounding areas. In six years, we have created close to 14,000 items.


The group learned that I was a nurse and now I'm the "resident" listener/advice giver for many medical and nursing issues. Never thought I would use my nursing knowledge and experience this way but in this area where healthcare is sadly limited, I feel that my nursing has once again been put to good use.

Nora E. Chimner (BSN '62)





- 5: The largest class of UMSN DNP graduates to date.
- 6: Master's graduate Rachel Kelly
- 7: UMSN's reception at The League included a balloon wall and special signs to help graduates remember their special day.
- 8: Incoming students walk through the fountain toward campus during orientation. After graduation, the new alums walk through the fountain again, in the opposite direction, to symbolize their future journeys.


 To view the full graduation album, visit the [UMSN facebook page](#).

GRADUATION

01

ENSIGN ELIZABETH GRABIS, BSN

Ensign Elizabeth Grabis, BSN, who was part of the Naval ROTC at U-M, will report for duty at Naval Base San Diego. UMSN thanks you in advance for your service!

02

TONYIE JOHNSON, DNP

Tonyie Johnson will be putting her expertise in postpartum care and opioid use disorders to work at a Metro Detroit hospital.

03

MEAGAN CHUEY, PH.D.

No need to make hungry babies wait! Meagan Chuey took a breastfeeding break between the commencement ceremony and reception with her five-month-old son, Lucas. Chuey accepted a position with the Centers for Disease Control Epidemiology Intelligence Service. She will be working with the San Diego Public Health Department and the CDC's U.S. - Mexico Unit. Pictured with UMSN faculty Lisa Kane Low.

04

JULIE BUSER, PH.D.

Julie Buser is heading to Ghana as an NIH/Fogarty International Center Global Health Fellow to focus on maternal health. The program supports U.S. university consortia to provide global health research training opportunities in low- and middle-income countries.

VIRTUAL REALITY

“IT WAS A LOT MORE IMMERSIVE THAN I EXPECTED. YOU ALSO GET SENSORY FEEDBACK THAT I DIDN’T EXPECT.”

Heather Melville, DNP student

“IT GAVE YOU A SENSE OF REALNESS BUT IN AN ODD WAY. YOU REALLY WEREN’T AWARE OF ANY OF YOUR OTHER PHYSICAL SURROUNDINGS.”

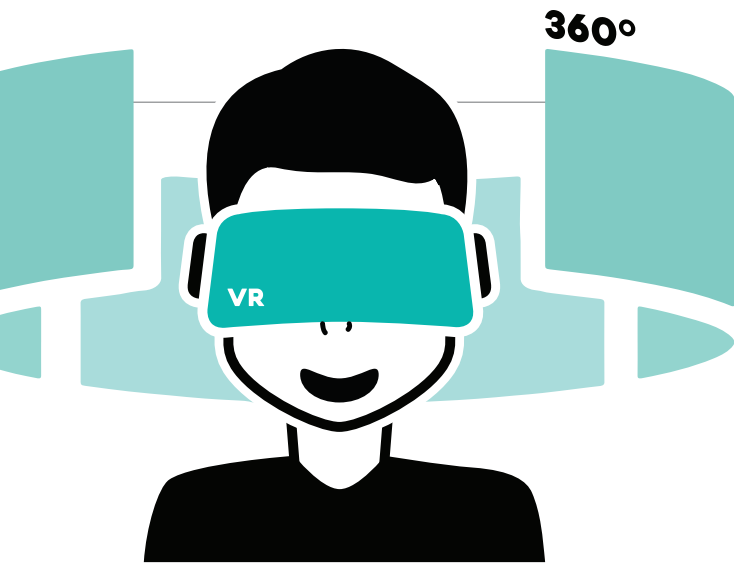
Kari Szczechowski, DNP student

“I DIDN’T REALIZE YOU COULD SEE ALL AROUND YOU. I THOUGHT IT WOULD BE MORE LIKE A MOVIE THEATER OR PLAYING A VIDEO GAME.”

Elle Porteous, DNP student

Written by: Jaime Meyers





“THE LEVEL OF DETAIL WAS AMAZING. I DIDN’T EXPECT HOW MUCH YOU WOULD BE ABLE TO INTERACT WITH THINGS AND GRAB THINGS.”

Graduate nursing students had an unexpected destination during a spring course - Mt. Everest. They were experimenting with virtual reality (VR), many for the first time, in a class led by UMSN Clinical Associate Professor Michelle Aebersold, Ph.D., RN, CHSE, FAAN.

“Everest” is a VR immersion experience in which participants try to reach the summit of the world’s highest mountain. Turn around to see 360-degree views of Mt. Everest’s stunning landscapes of white snow reflecting the bright sunlight, other climbers in head-to-toe winter climbing gear or perhaps an incoming whiteout that makes navigation feel nearly impossible.

To move in the simulation, you must move your body. In this case, it’s your hands holding controllers and mimicking the use of trekking poles to propel climbers forward through the deep snow.

“When I took my goggles off, I thought I was facing one way but was actually facing the other,” said Kari Szczechowski, a UMSN DNP student. “I was surprised at how real it felt.”

The authenticity of VR comes as a jolt to most first-time users. The lightweight goggles look simple but show crystal clear and bright images that immediately make the user feel as though they are in a



new environment. The wraparound style of the glasses and integrated audio block out the surrounding environment, making it easy to become immersed.

VR in nursing education

The Everest experience is an opportunity for students to become familiar with VR. The next step is a nursing simulation.

Aebersold, UMSN’s Faculty Lead for Innovation, Research and Technology Development, and Prashant Mahajan, MD, MPD, MBA, a Michigan Medicine professor, are piloting a VR program for nurses, physicians and pharmacists working as a team to care for a pediatric patient experiencing cardiopulmonary arrest by using advanced life support algorithms and evidence-based practices.

“The focus is on graduate students because the simulation is geared towards learners who have work experience and an understanding



Scan this code to make a gift to UMSN.



Aebersold helps Kathleen Meremius acclimate to the immersive technology. To the left, Melville is trekking up Everest.

Aebersold was selected for the 2019 International Nursing Association for Clinical Simulation and Learning (INACSL) Excellence in Research Award: Advancing Research in the Field of Nursing Simulation & Clinical Laboratories.

Aebersold was selected for her work “pioneering virtual simulation methods, mentorship of others in simulation-based research and ongoing dedication to build a comprehensive research program for improving patient safety.”

Founded in 2004, INACSL is an organization that advances the science of health care simulation. It has more than 2,500 members representing 29 countries.

Enhancing current learning techniques

Currently, UMSN students spend significant time in the Clinical Learning Center practicing their skills on high-tech mannequins. Instructors create numerous intensely specific simulations that help students practice a wide range of skills. VR can supplement scenarios beyond the scope of the mannequins.

“You can’t be around a bleeding-out patient until a patient is actually bleeding out, so a virtual experience where you can actually see what’s going on could be amazing,” said DNP student Lindsey Freysinger. “In simulation, the mannequin always looks the same and you don’t actually see the suction containers filling with blood and things like that. Virtual reality could help prepare you for that sense of urgency.”

In addition to teaching new techniques, the students suggested VR could be used to help practicing nurses keep their skills up to date.

“It could be a safe environment for high-risk, low-volume events,” said Szczechowski, who currently works as a local hospital’s Magnet Program Coordinator. “I’m thinking of my nurses and certain things they say they haven’t had to do in a long time. Virtual reality could be used to keep those skills current.”

The patients

As the students in Aebersold’s class began seeing the possibilities of VR, it didn’t take long for them to start thinking of patients. Freysinger was able to draw on her own perspectives as a nurse and a spinal cord injury patient.

of pediatric emergency care, as well as training in advanced life support or code team leadership training,” explained Aebersold. “Undergraduate students don’t have this experience yet.”

“I think you need to be hands-on to learn the best in some ways,” agreed Elle Porteous, a DNP student who works in an intensive care unit. “But VR could be really useful in many other learning scenarios because it could make it more authentic.”

Aebersold’s pilot project evaluates core goals such as students adhering to guidelines, decreasing errors and improving patient outcomes. The project will have 10 teams of learners, each with four participants. After the simulation, Aebersold will use the Communication and Teamwork Skills Assessment to measure team performance.

“I have always been interested in gaming as a way to learn,” said Aebersold. “In the past, I used computer versions of virtual worlds, such as Second Life, to create simulations where students can learn together while logging in from various locations.”

Aebersold says as technology advances, so do learning opportunities.

“The early versions of VR lacked that whole-body immersive experience,” she explained. “When immersive systems became commercially available, it made sense to move from computer-based VR to the whole-body immersive experience. This way the learner can experience the simulation environment as if they are really in the hospital room.”



Top: Freysinger said she had tried an early version of VR, but this experience was much more detailed.

Bottom right: A screenshot of Aebersold's project. The user's hand movements are instantaneously synced to the experience.

"A lot of my issues are around spasticity, but I wonder if early on VR could have helped to rewire some of those connections and train my brain to think about things differently," she said. "When I was learning how to reopen my left hand, we put it inside a box, had my right hand outside the box and used a mirror. I opened up my right hand and that made my left hand open. VR could be used for something like that."

"I could see this being very useful for any skills that use muscle memory," said DNP student Heather Melville. "For example, if someone needed to work on their walking stride, maybe after a stroke or something like that, I'd like to see what could be done to get them on a treadmill and help them get that sensation with their legs."

"I've seen rehab videos where they use VR to help amputees with phantom limbs and learning how to walk with prosthetics," said Freysinger. "With VR, they can see normal feet instead of the prosthetic and that can help them get used to their prosthetic faster because the brain is seeing normal anatomy."

"I think it could also be very useful for practicing certain patient interactions,"

added DNP student Brooke Lehmann. "For example, de-escalations with an aggressive patient or family member. VR could add authenticity that you don't necessarily get if you're practicing with your professor or a classmate."

Business for the greater good

Virtual reality has become a multi-billion-dollar industry with applications in entertainment, business and athletics. Oculus, one of the leading VR companies, created VR for Good, an initiative "designed to support content creators, impact innovators and inspire partners who see virtual reality as a way to make the world a better place."

One of the initiative's focus areas is on health. Oculus awarded Aebersold with a grant worth nearly \$100,000 and donated four sets of Oculus Rifts to support her pilot program.

"VR is going to be a large part of our future training technology," said Aebersold. "There are not enough simulation labs and space to fit all of the needs, and VR will address those needs. Nursing can be a leader in this space just as we have been a leader in health care simulation." ■

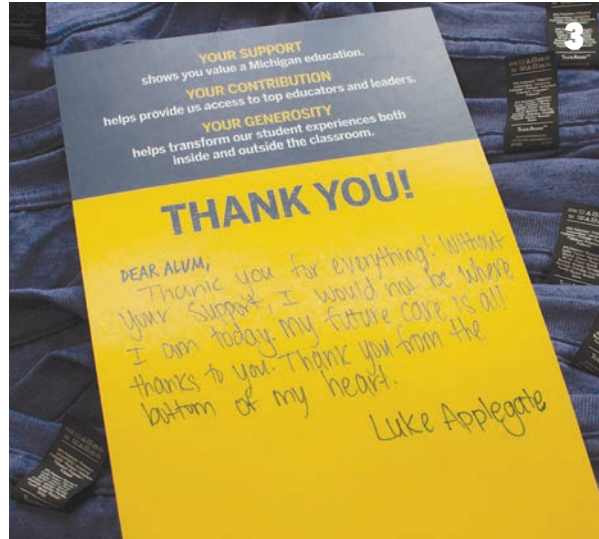


NURSING OUT AND ABOUT

Hail Yeah (1-3): Students write thank-you cards during U-M's annual Hail Yeah event. The cards are sent to alumni donors who made gifts under \$50. Does every gift matter? Hail Yeah!

4: Hannah C. Miller, BSN student, contributes to a thank-you video for donors during UMSN's first-ever Philanthropy Awareness Day.

5: UMSN Stewardship Officer Kelly Palkowski helped coordinate the event, which was themed "Sow What?" to help students recognize that a small seed can grow into something grand.



6: Alumni including Dana Murphy, BSN '91, helped celebrate Nurses Week with UMSN's second annual painting of The Rock on the corner of Washtenaw Avenue and Hill Street.

7: Alumnus Brian Kobylarz, BSN '92, took on the task of painting the base coat.

8: Alumni Elizabeth "Elsie" Nolan, BSN '75 and Patti McCloud, BSN '75, MS '77 got creative with a playful "Nurses Rock" on The Rock.

9: School of Nursing Dean Patricia D. Hurn and Patti McCloud pose for a picture to commemorate a job well done.

PIVOTING PATIENT SAFETY

Written by: Jaime Meyers



"The way most health care systems approach patient safety improvements is not working," said Milisa

Manojlovich, Ph.D., RN, FAAN, a University of Michigan School of Nursing professor. "It's been 20 years since the seminal Institute of Medicine: 'To Err is Human' report was released and we have barely moved the needle. It's time for a significant change in how we address health care-associated harm."

At the root of the problem, Manojlovich believes, is that health care systems followed the lead of industries such as aviation and manufacturing by developing policies and initiatives that don't necessarily account for the complexity and changing dynamics of patient care and the nuances of clinical work.

"There was a development of all these standardized policies and initiatives to improve patient safety, but they were mostly created by people who don't work at the bedside," said Manojlovich. "Such a 'work-as-imagined' approach is not the right fit for health care. A 'work-as-done' approach is needed, one that captures clinical work in all its complexity because most patient



Manojlovich and her research team use video to record real communications between clinicians and identify potential quality and safety gaps.

safety initiatives, such as checklists, don't include contingencies for all the different things that can occur with patients."

The pivot on strategy

In her decades spent as a practicing nurse, Manojlovich was dedicated to keeping patients safe. However, she knows she made mistakes including one potentially fatal error. She was an early-career critical care nurse when she accidentally infused a post-operative open heart surgery patient with 100 units of insulin instead of a dose of antibiotics.

"There were lots of factors that contributed to the error," she explained. "My lack of experience; the IV pump wasn't labeled so I thought I was infusing an antibiotic; various IV lines crisscrossed the patient's body, and I was too busy to straighten out and label the lines properly; I was assigned to a second very ill patient that day and my mind was already on the second patient instead of staying focused on the patient in front of me."



Manojlovich recognized the error. She notified the cardiac surgeon and head nurse and was able to take action to minimize harm to the patient.

As a result of her experiences, Manojlovich chose to focus on research to advance patient safety. In 2018, she launched a research center, Prevent Harms through Discovery and Innovation, known as the Pivot Hub.

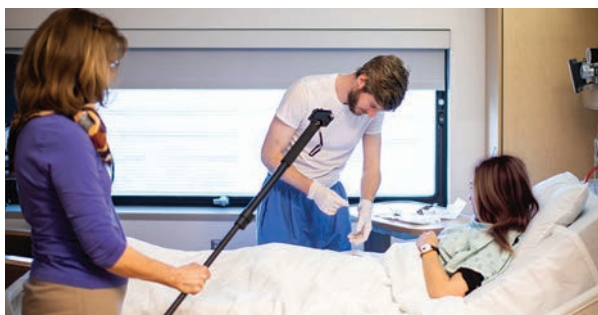
Now with nearly two dozen members from across the university and beyond, the interdisciplinary group focuses on bringing innovative approaches to preventing harm in health care delivery. Much of the group's work examines ways to flip from current top-down leadership mandates to bottom-up initiatives driven by how clinicians practice.

One habitual practice involves communication. Manojlovich's research program seeks to advance patient safety by improving communication between nurses and physicians. Poor communication is one of the most common causes of adverse events for hospitalized patients; however, Manojlovich notes that improving communication may require a shift in thinking.

"Right now most people think that using a sender-to-receiver approach is all there is to communication," said Manojlovich. "This view includes a lot of assumptions, such as the sender believing they gave clear updates or instructions, but without confirmation from the receiver. Effective communication involves the development of shared understanding that occurs in the moment-by-moment interaction between communicators. In this way of thinking, all parties who are communicating understand one another."

Go to the video

To promote the development of shared understanding, Manojlovich is using video-reflexive ethnography to



capture communication between physicians and nurses. Her team records conversations and then provides an opportunity for the clinicians to review the videos and reflect on the encounters, which frequently reveal gaps between what they thought they said and how the message was interpreted. Manojlovich says this provides a starting point to explore shared understanding.

"Another benefit of filming the interactions is you can see what else is going on beyond the conversation," she said. "Maybe there's an interruption from another nurse or a patient's family member asks a question that disrupts instructions that are then not completed."

Video also helps practitioners see where mistakes occur during other clinical activities, not just communication. For example, Manojlovich is planning to use the video-based approach to gain information about how to prevent catheter-associated urinary tract infections, one of the most common infections acquired by hospitalized patients.

"We can have checklists and standardized procedures, but that doesn't always address what is really happening in that room," she said. "For example, the nurse may follow every step on the checklist but not notice that his lanyard bumped the sterile equipment."

For Manojlovich, that is an archetypal example of why the current approach to patient safety needs to be flipped.

"Safety is created by those who do the work," she said. "Our approach is in the early stages but we are already seeing positive results. I believe this pivot in our approach has the potential to truly make a difference in increasing patient safety." ■



Beyond conversations, the researchers use video to identify errors or complications during tasks and procedures.

Scan this code to make a gift to UMSN

LEADERSHIP INSIGHT: ASSOCIATE DEAN FOR RESEARCH

Written by: Mike Brinich

When Debra Barton, Ph.D. RN, FAAN, was first named associate dean for research and Rackham graduate studies at UMSN last fall, she did what any well-trained researcher would do—she started asking questions. Barton, an internationally-known cancer researcher and Mary Lou Willard French Professor of Nursing and professor of psychiatry in the School of Medicine, found that answering one question in particular was useful in guiding her focus toward all matters related to research at UMSN.

“What is the impact of the research that is being driven by our faculty here at UMSN?” said Barton. “I believe to show the impact of research you need to first understand the story and what the needs of the people in our country are.”

Barton offered a story related to oncology symptom management, where she worked with a 45-year-old woman.

“The medical intervention for treating this woman’s breast cancer, and many like her, is to block estrogen to the breast,” Barton explained. “The impact of this treatment to the rest of a woman’s body is devastating though. Emptying a 45-year-old woman’s body of hormones affects her vaginal health, brain chemistry....everything.”

As she recounts this particular woman’s experience of treating the disease, it becomes clear how Barton views the far-reaching impact that nursing research can deliver for the good of the public.

“As a result of her breast cancer treatment she and her husband hadn’t been able to have intercourse for almost five years,” Barton said. “Obviously that has a major impact on mental and emotional health, and treating those issues has to be part of patient care. After working with her as part of my research, she was able to have regular relations with her husband. To see their intimacy improve and see their closeness return....that is the type of research outcome that I think measures whether or not what we’re doing as researchers is impactful.”

The outcome of her research in this instance provides a more clear definition of nursing’s critical role in patient care. At its core nursing research focuses on the overall health of the body and mind, while medicine zeroes in on

specific disease interventions. Both must be attended to with the same vigor and focus in order to optimize the health of individuals and more broadly, populations.

As the discussion transitions to UMSN’s role in specific research themes and populations, Barton is quick to point out that health equity is a common thread that runs through both. Health equity is a term that is often misused, so it’s important to note its correct meaning. According to the World Health Organization, health equity is the absence of avoidable, unfair, or remediable differences among groups of people, whether those groups are defined socially, economically, demographically or geographically or by other means of stratification.

“As I learn more about health equity, I am absolutely convinced that one of the most important things we need to accomplish is the development of more strategic partnerships throughout various communities that will enable us to develop an infrastructure to address health equity across all research themes,” said Barton.

Many UMSN faculty are already focused on health equity and building the infrastructure that Barton is focused on growing. Assistant Professor Lenette Jones, Ph.D., ACNS-BC, RN, is focusing her research efforts on hypertension rates among African American women, which affect them at a rate 12-15% higher than national rates. UMSN Carol J. and F. Edward Lake Professor in Population Health Barbara Brush Ph.D., ANP-BC, FAAN, has worked diligently in Detroit to build strong partnerships to help address homelessness and the consequent trauma it causes.

“I’m encouraged by the strong foundation our faculty have built to address the health equity and I’m looking forward to building out that infrastructure here at UMSN, so we don’t ask every faculty member to re-invent the wheel, but rather optimize what we have already created,” Barton concluded. ■



Deb Barton is settling into her new role as associate dean for research and Rackham graduate studies at UMSN.

BUILDING HEALTH THROUGH HOUSING STABILITY



Brush and Gultekin at Hope Clinic in Ypsilanti, Mich.

Written by: Jaime Meyers

It may be common sense to most health care professionals that safe, stable housing is a social determinant of health. However, supporting science is only nascent. Two UMSN faculty members are leading synergistic efforts to build the body of evidence through a series of research projects in collaboration with community and academic partners.

“Nurses not only should, but must be part of the research with homeless individuals and families,” said Barbara L. Brush, Ph.D., ANP-BC, FAAN, UMSN’s Carol J. and F. Edward Lake Professor in Population Health. “Our focus on addressing social determinants that compound and lead to unstable housing and poor health provides a critical lens.”

Brush, who has more than 20 years of research and practice expertise focusing on homelessness, recently served on a National Academies of Sciences, Engineering, and Medicine committee tasked with understanding the connection between housing and health outcomes. The lack of linked information surprised the panel of experts and prompted Brush

to start a new research project with the goal of informing future policy.

“I’m planning to conduct a longitudinal study of families experiencing homelessness to determine how the complexity of individuals, the systems and organizations supporting them, and policies intersect in the overall care,” said Brush.

Laura Gultekin, Ph.D., FNP-BC, was inspired to develop interventions addressing homelessness after studying under Brush as a master’s and Ph.D. student. Now as an assistant professor, Gultekin’s focus is on helping families, especially single mothers and their children, prevent and recover from homelessness.

“We recognize that many mothers draw strength and identity from that role,” said Gultekin. “We are working with collaborators from Johns Hopkins to provide an evidence-based positive parenting program at a family shelter in Detroit. We anticipate this program will help mothers gain confidence and aid them in managing challenging childhood behaviors in a way that makes them and their children feel empowered.”

Brush and Gultekin see stable housing as a conduit to reducing multifaceted disparities.

“People with unstable housing rarely have just that,” said Brush. “They have poor health that requires support; they may end up in prison; and they may need child support, all of which translates to real economic costs. Moreover, homelessness can have lasting effects on children who may eventually continue the cycle.”

“Injustice in the forms of institutional racism and resource inequity that underlie housing instability results in toxic stress for entire communities,” agreed Gultekin. “That’s compounded by environmental issues that disproportionately impact low-resource communities, such as higher rates of air pollution and water contamination, and contributes to increased morbidity and early mortality. This directly impacts the individual’s ability to contribute productively to society. If we are thoughtful about how to address disparities among those most vulnerable to them, we will inevitably begin to correct disparities for those in less dire circumstances.”

Both Brush and Gultekin stress the importance of collaborative efforts with members of the community in the creation, implementation and evaluation of their research.

“We are not so much ‘helping the public’ as ‘working with the public to help itself,’” said Brush. “Interventions need to be designed with the community or else they won’t work or be sustainable.” ■



Scan this code to make a gift to UMSN



INNOVATION STARTS HERE

Since UMSN introduced its DNP program nearly a decade ago, it has awarded the degree to dozens of students. According to the American Association of Colleges of Nursing, there were 7,039 DNP degrees awarded nationwide in 2018. As the scope of nursing practice continues to grow and become more important to the future of health care, DNP-prepared nurses are making meaningful innovations to improve patient care in a variety of settings across the country. Many of these innovations are driven by ideas that were born out of scholarly projects that all DNP graduates must complete. As UMSN welcomes its newest DNP cohort this fall, we share the stories of recent graduates of the program and the scholarly projects that launched their careers as DNP-prepared nurses.

Stories written by: Taryn Aldrich

“Your decisions, whether they be clinical decisions or policy decisions, should be evidence-based.”

EMILY CHAPIN HAS A VESTED INTEREST IN POLICY DEVELOPMENT. SHE GRADUATED WITH A DNP CONCENTRATION IN FAMILY PRIMARY CARE IN MAY 2019.

Her DNP project at the Beaumont Health Teen Health Center in Taylor, Michigan offered her valuable policy-related practice. For her project, Chapin was tasked with developing a policy regarding the provision of pre-exposure prophylaxis (PrEP) services to prevent HIV. PrEP is a daily medication intended to prevent HIV in individuals at substantial risk of contracting the disease. Given the risk factors for HIV transmission, low-income young men who have sex with men would likely benefit most from PrEP.

The policy Chapin was creating needed to provide recommendations to decision-makers about the clinic's capabilities, required staff training, implementation preferences and community organizations that could be helpful if PrEP services are implemented. Once finalized, the policy will be submitted to Beaumont Health for approval from administrators including advanced practice nurses, physicians and an advisory board. From there, the clinic's nurse practitioners, medical director and manager will determine when and how to implement PrEP services.

To gather the necessary information, Chapin met with providers and gave an informative presentation on PrEP. Then, she assessed providers' awareness of PrEP and whether learning more about the medication would improve their familiarity with it, who might benefit from it and their confidence in providing it. She also invited clinic staff to interviews to discuss priorities, barriers and facilitators to offering PrEP.

“Your decisions, whether they be clinical decisions or policy decisions, should be evidence-based,” Chapin explained. “[I wanted] to collect evidence for the teen center and the health care system to use when making decisions about if and how they are going to provide this service.”

Chapin turned to the Centers for Disease Control guidelines on PrEP administration to contextualize the policy. Ultimately, she created two documents.

The first was clinical in nature, including how to assess if a patient is high-risk along with the lab tests needed and how often to perform them. The second was more practical; it explained what to assess at each visit, which materials to provide for patient education and what that education should look like.

Chapin cited patient education and awareness as critical aspects of the policy, underscoring the importance of translating evidence into practice.

“The PrEP medication, Truvada, has been out since 2012, but it's still not very available,” she said.

“Patient access is an issue. Most people aren't knowledgeable about it—people just don't know about it... There's this disconnect between the research that we have, and these health innovations that we're creating, and how we're offering them to patients.”

Once the policy is in place, PrEP services at the clinic will likely be rolled out gradually; some current patients may start the medication, and the clinic can assess demand as time goes on. Chapin believes that simply promoting PrEP as an option, and letting patients decide for themselves whether they wish to take it, could be a step forward given persistent misconceptions around HIV. She noted that dispelling such myths may help at-risk individuals feel more comfortable taking preventative action. ■



Emily Chapin

SARA BHULLAR, A DNP GRADUATE IN THE PRIMARY CARE FAMILY NURSE PRACTITIONER SPECIALTY, IS PASSIONATE ABOUT HELPING VETERANS.

As a DNP student, she worked with Ann Arbor's Veterans Affairs (VA) clinic to empower patients with diabetes. Clinical guidelines suggest that microalbumin levels be tested annually to monitor kidney function in patients with diabetes; however, not all providers adhere to this recommendation.

Bhullar set out to raise nurses' and patients' awareness about the importance of early identification and prevention of kidney failure, including the use of annual renal testing.

"In general, patients with diabetes know the condition will impact certain things, but they don't necessarily realize that it will impact their kidneys, too," said Bhullar.

She developed an informational poster explaining the risk factors for diabetes-associated kidney failure. The poster pointed out that, if risks are identified early, kidney failure can be delayed or prevented. It also encouraged patients to speak with their providers about a simple urine test to monitor kidney function. Copies of the poster were placed in the clinic waiting room, exam rooms and other locations with high patient and provider traffic.

The poster was placed around the clinic in December 2018; by February 2019, the VA in Ann Arbor had seen a substantial rise in patient compliance with renal testing. This improvement was accompanied by an increase in patients following ACE inhibitor or ARB regimens to lower blood pressure and help protect the kidneys.

Medication is essential to controlling the effects of diabetes, and annual testing is crucial in monitoring patients' health. In patients with diabetes, kidney function can decline quickly without



appropriate intervention. Evaluating kidney function annually can also identify other issues, such as potential problems with blood sugar control. This information can help providers make treatment decisions, educate patients and increase medication compliance.

Bhullar is committed to helping patients at the VA and will continue working in ambulatory care as a quality coordinator after graduation.

"I will pursue this all along until 100% of people are getting [tested] every year," she said. "It's a simple urine test. It doesn't cost much, and it's not invasive."

When providers are better aware of patients' kidney function, patients' quality of life can increase tremendously—to the point of delaying hemodialysis, kidney failure, or the need for a kidney transplant.

"That's a huge impact we can make on the health care budget," Bhullar pointed out, adding that hemodialysis treatment costs around \$90,000 per patient. "[Kidney failure] is the ninth cause of death in the U.S. There's no reason for us not to do this simple test and identify people early." ■

"I will pursue this all along until 100% of people are getting [tested] every year."

ERIK WILSON HAS BUILT MUCH OF HIS NURSING CAREER AROUND QUALITY INITIATIVES. WHEN THE CONDITIONS OF PARTICIPATION FOR MEDICARE-CERTIFIED HOME HEALTH AGENCIES CHANGED IN 2018, THE TIMING WAS IN WILSON'S FAVOR—HE WOULD BE GRADUATING FROM THE DNP PROGRAM THAT DECEMBER.

His MSN work at U-M focused on nursing business and health systems with a concentration in patient safety outcomes, which proved useful as he moved up the ranks at a home health care agency. He eventually returned to U-M to pursue a post-master's DNP.

For his DNP project, Wilson modified a quality self-assessment tool used in long-term care to suit the home health care setting. The revised tool was then evaluated quarterly to determine whether it was user-friendly, where changes needed to be made and whether it could lead to better quality outcomes—specifically in guiding agencies to select appropriate quality improvement initiatives and ultimately enhance patient care.

"The interesting part about quality improvement is that you're always refining," said Wilson.

As part of this project, Wilson identified evidence-based measures that had been



Erik Wilson

shown to enhance quality improvement programs; these included multidisciplinary collaboration and multimodal education for clinicians and staff to ensure appropriate engagement.

The project, which focused on program development more than direct patient outcomes, spanned eight months. Now, Wilson and his colleagues are reflecting holistically on their progress.

"There's more to the DNP than just evaluating a specific outcome to an evidence-based intervention: the complexity of implementation, evaluation, what that looks like long-term, how that underlying program development turns into individual patient or facility outcomes," Wilson explained.

Put simply, "We're trying to create something that is going to guide agencies to create the best quality program they possibly can."

Although Wilson is deeply entrenched in nursing-related quality improvement, he devotes time to practice as well.

"Keeping that clinical side really helps in developing quality improvement initiatives and thinking about what clinicians need in the field."

Translating policy into practice is a prevalent theme in today's health care landscape; Wilson explained that as of late, policy has been largely driven by quality improvement. In the case of home health care and similar settings, quality-focused policy can improve patient outcomes while decreasing Medicare costs.

He has high hopes for the quality self-assessment tool he has developed and would like to see such a tool used nationally as a guide for quality improvement.

"You have to think beyond just what the agency's doing," he said. "The potential to standardize good quality programs across the nation to ensure effective patient outcomes that keep people out of the hospital, decrease overall costs, eliminate waste—that's the whole intent of making [a tool] that's usable, so [practitioners are] all working toward the outcome in the same way." ■

A 2018 GRADUATE OF UMSN'S FIRST BSN TO DNP COHORT, LAURA SCHIPPER SPECIALIZED IN ADULT GERONTOLOGY AND WAS FORTUITOUSLY PLACED AT DELONIS HOMELESS CLINIC IN ANN ARBOR.

Schipper's DNP project provided her an inspiring experience. Her project focused on diabetes among the homeless, namely self-reported barriers to diabetes care and how to overcome them.

Schipper was excited to explore this issue given the relative lack of research on homeless individuals with diabetes. To begin, she spent time with the clinic's office staff and shadowed health care workers.

"I wanted to understand all aspects of the homeless person's life in Ann Arbor and how that could potentially influence their diabetes and self-care," Schipper said.

To examine barriers to care, Schipper chose a diabetes-specific screening tool, the Environmental Barriers to Adherence Scale. Individuals' responses to the questionnaire, collected with help from a medical assistant at the clinic, highlighted access to medication, transportation to appointments and the cost of care as major obstacles.

Schipper used this information to ensure patients were being connected to appropriate resources. By focusing on wraparound services at the clinic, providers could help patients overcome barriers to care.

"The provider may say [to a patient], 'Oh, I'm seeing you're having trouble getting to your



Laura Schipper

appointments. Let's make sure we connect you with our social worker on site."

Although Schipper now teaches at Calvin College and works as a geriatric nurse practitioner in Grand Rapids, she continues to be involved with the homeless population.

"I really fell in love with this population," Schipper said. "At one [shelter in Grand Rapids], we do a monthly foot spa. It's not specifically diabetes-related, but you could say it's a great way to screen for diabetes and educate those who are diabetic. It's such a good way to serve the population and build trust."

Schipper and a colleague are also designing a project to address the needs of the homeless in Grand Rapids. They plan to conduct interviews with homeless

individuals to discover their preferences for diabetes-related support. Schipper hopes to duplicate her DNP project in Grand Rapids if given the chance; she is especially interested in exploring barriers to care compared with the homeless population in Ann Arbor.

"[Diabetes is] such a huge problem in the homeless population," noted Schipper. "I have a better understanding as a provider now that I'm prescribing medications. I understand diet and exercise, I understand the problem, and I know how to treat it, so if I get questioned on any aspect of that, I'm able to speak to it well. I love the topic, I love the population and I genuinely want to make a difference." ■

THANK YOU, VICTORS!

You are a champion for ALL!

UMSN would like to take a moment to thank all of its donors. You made the Victors for Michigan Campaign an overwhelming success.

381
SCHOLARSHIPS
AWARDED

*based on 2018-19 school year



\$32.8M
RAISED BY UMSN



Donors gave more than **\$12.5M** for student scholarships

3,990
Donors

117.2%
OF THE
ORIGINAL
GOAL (\$28M)



\$9.5M in gifts
dedicated to research
4 new research funds!

\$46.8M
UMSN ENDOWMENT

*based on 2018



ALUMNI NEWS

Patrick Ahearne (BSN '89)

Accepted the Chief Nursing Officer position at McLaren Oakland Hospital in Pontiac, Mich.

Margaret Campbell (Ph.D. '06)

Presented with the Midwest Nursing Research Society's Distinguished Contribution Award.

Linda Q. Everett (Ph.D. '98) and Gay



Landstrom (Ph.D. '15)

Named American Organization of

Nurse Executives (AONE) fellows. The AONE fellow designation recognizes nurse leaders' sustained contributions to the specialty of nursing leadership, commitment to service and influence in shaping health care.

Alex Fauer (BSN '17, current Ph.D. student)

Earned an American Cancer Society Doctoral Scholarship in Cancer Nursing. The grant is awarded to those expected to make great contributions towards cancer research.

Cindy Fenske (MS '83)

Dean of Nursing at Concordia University, is credited as lead author on "Health and Physical Assessment in Nursing." Fenske's edition is designed to train pre-licensure nursing students with knowledge needed to care for patients as an RN.

Kristen Kelting (MSN '18)

Received an offer for an Intensivist NP position in the ICU at Metro Health Hospital University of Michigan. She started the position in January.

Jennifer Kittell (BSN '04, MS '12)

Named a fellow for the Duke-Johnson & Johnson Nurse Leadership Program. The program provides leadership development for nurse practitioners and certified nurse midwives.

Brianna Kohls (BSN '15, MSN '18)

Started as a Certified Nurse Midwife with Borgess Women's Health in 2018. Kohls says she is dedicated to providing women's health care that is personalized, compassionate and evidence-based, so her patients feel empowered when making health care decisions.

Elise Peterson (BSN '00)

Authored a chapter for "One Nurse at a Time: Lessons Learned." The book features true stories from humanitarian responders. Peterson's contribution is entitled, "Approach and Landing." Proceeds from the book will be used to support nurses traveling overseas for health care mission trips.

Pamela Katz Ressler (BSN '79)



Recognized as an expert in pain science and care by the Mayday Fund. She was also selected to be a Fellow of The Mayday Pain & Society Fellowship: Communicating Science & Improving Care.

Col. Edward E. Yackel (MS '00)

Retiring with over 29 years of active duty service in the U.S. Army. He served four overseas tours in Korea, Germany, Italy and Hawaii. He served as a Family Nurse Practitioner Consultant to the Army Surgeon General.

Char'ly Snow (BSN '01)

Selected as an I.Detroiter member. The group drives positive change to the people of Detroit using research and social impact.

Andrea VanDenBergh (BSN '89, MS '93)

Named Hospital Director/CEO of Hawthorn Center, the State of Michigan's Child and Adolescent Psychiatric Hospital in Northville, Michigan.

Patricia "Tricia" Drenth (BSN '02, MS '05)

Honored by the Michigan Association of Infant Mental Health with the Deborah J. Weatherston Promising Practitioner Award.

Congratulations to this year's Rho Chapter Nursing Excellence award recipients!



Excellence in Nursing Education: Alumni/Faculty, Michelle Pardee (BSN '88, MS '95) and Diane Asher (MS '13)

Student Leadership: Katelyn Scudder and Merideth Freiheit (BSN Class of '19)

Student Mentorship Award: Katie Burmester and Breanna Keeney (BSN Class of '19)

HOMECOMING SAVE THE DATE

UMSN REUNION WEEKEND

October 4-5

All class years welcome! Events will include:

Tours • All-class luncheon • Presentation of 2019 Distinguished Alumni Award winner • Alumni Association Homecoming Tailgate • Michigan vs. Iowa football game



Questions? Contact the UMSN Office of Alumni Engagement: (734) 763-9524 | nursingalum@umich.edu

UNIVERSITY CAREER ALUMNI NETWORK (UCAN)

Be part of the network connecting students with alumni for networking and mentoring. Once enrolled, please join the School of Nursing group. Recent graduates have the benefit of using the tool as a student for 18 months. Students can search for and reach out to alumni.




umich.peoplegrove.com

FACULTY NEWS AND ACCOLADES




-  **Michelle Aebersold**
M-Cubed Grant: Augmented Reality Crisis Simulation & Triage
-  **Diane Asher**
Excellence in Nursing Education, Sigma - Rho Chapter
-  **Sue Anne Bell**
Appointed to National Academies of Sciences, Engineering and Medicine committee: Best Practices in Assessing Mortality and Significant Morbidity after Large-Scale Disasters
-  **Deena Costa**
IP-X grant: Post Intensive Care Unit Longitudinal Survivor Experience Clinic: Evaluation of an Interprofessional Approach to Providing Care to Intensive Care Unit Survivors and Caregivers
-  **Cynthia Darling-Fisher**
Selected as a fellow in the American Association of Nurse Practitioners
-  **Matt Davis**
UMSN's Mae Edna Doyle Teacher of the Year
-  **Ivo Dinov**
Dinov's book "Data Science and Predictive Analytics" surpassed expectations with over 22,000 downloads
-  **Beth Duffy**
Chair, Children's Oncology Group Nursing Discipline Evidence-Based Practice Sub-Committee

Member, Nursing Steering Committee for Children's Oncology Group
-  **Megan Eagle and Leslie Nestro**
IP-X grant: Effects of Community-Engaged Education on Interprofessional and Cross Cultural Attitudes Among Health Professions Students from the United States and Uganda
-  **Karen Harden**
University of Louisville IPEX grant: Development of an interprofessional education curriculum for palliative care learners

 President of the Oncology Nursing Society - Ann Arbor Chapter

Daisy Award winner
-  **Lenette Jones**
Nurse National Heart, Lung and Blood Institute R01: Building a Multidisciplinary Research Program to Address Hypertension Disparities: Exploring the Neurocognitive Mechanisms of a Self-Management Intervention for African American Women
-  **Karen Keune**
Selected as U-M Interprofessional Leadership Fellow
-  **Beth Kuzma**
IP-X grant: Inclusivity and Diversity Principles in Healthcare - Disability and Health
-  **Beth Kuzma, Beth Ammerman and Deb Lee**
U-M Whitaker Grant: Healthcare Theatre: Taking Human Simulation to the Next Level
-  **Jody Lori**
U-M's Sarah Goddard Power Award
-  **Marjorie McCullagh**
American Nurses Credentialing Center Certified Nurse Award in Advanced Public Health Nursing
-  **Michelle Munro-Kramer**
Michigan Institute for Clinical & Health Research grant: Finding the beat: A partnership to address the relationship between a music program and health among youth who have experienced trauma

Institute for Women and Gender grant with University Health Service colleagues: Understanding student experiences with inappropriate, disrespectful, and coercive healthcare and physical exams
-  **Michelle Pardee**
Director of UMSN's Doctorate of Nursing Practice program

 Excellence in Nursing Education, Sigma - Rho Chapter
-  **Sarah Peitzmeier**
IRWG's Transgender Health and Empowerment Seed Grant: Chest binding-related practices, symptoms, and quality of life impact in transmasculine individuals
- IRWG's Sexual Harassment and Gender Violence Seed Grant: Adapting an evidence-based sexual assault prevention intervention for transgender undergraduate students
-  **Julia Seng et al.**
2019 Best of Journal of Obstetric, Gynecologic, & Neonatal Nursing Award for the article, "Gestational and Postnatal Cortisol Profiles of Women With Posttraumatic Stress Disorder and the Dissociative Subtype"
-  **Ellen Smith**
National Cancer Institute R01: Duloxetine to Prevent Oxaliplatin-Induced Chemotherapy-Induced Peripheral Neuropathy: A Randomized, Double-Blind, Placebo-Controlled Phase II to Phase III Study
-  **Dana Tschannen**
IP-X grant: Improving Safety through Team Training on Effective Leadership and Followership within the Interprofessional Team
-  **Dana Tschannen and Chris Anderson**
National Pressure Ulcer Advisory Panel Conference Overall Best Contribution to the Field Poster Award: "At Risk or Not At Risk? The Development of the Pressure Injury Predictive Model"
-  **Olga Yakusheva**
Research inclusion in AACN Position Statement "Moving Together toward a Highly Educated Nursing Workforce"
-  **Xingyu (Mark) Zhang**
MICHHR Pathway to First Grant Award: "Prediction of Emergency Department Health Outcomes and Resource Utilization for Pediatric Patients"



New Grant



New Position



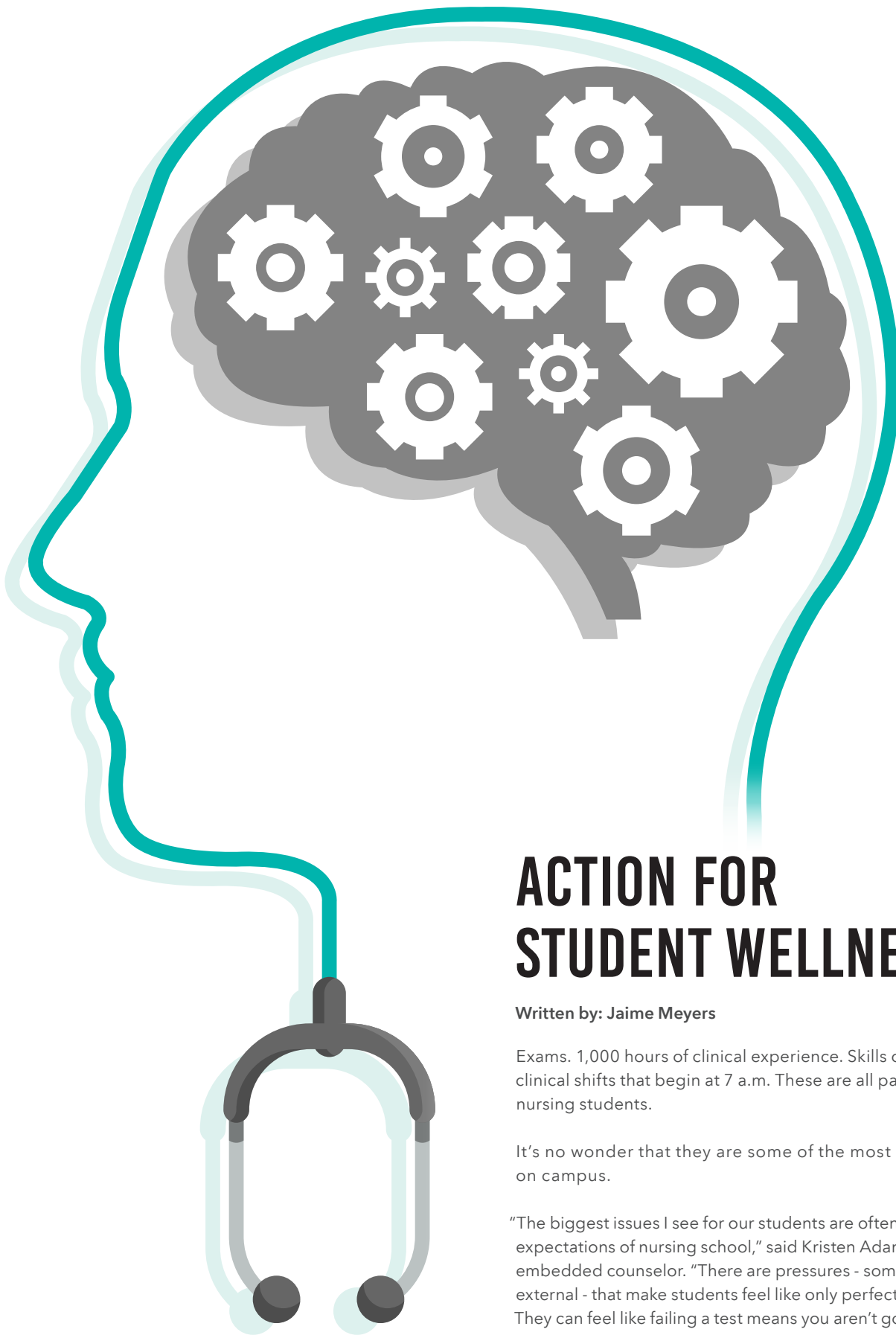
Notable Publication



Award/Honor



Service/Education



ACTION FOR STUDENT WELLNESS

Written by: Jaime Meyers

Exams. 1,000 hours of clinical experience. Skills check-offs. 12-hour clinical shifts that begin at 7 a.m. These are all part of the routine for nursing students.

It's no wonder that they are some of the most stressed students on campus.

"The biggest issues I see for our students are often related to the high expectations of nursing school," said Kristen Adams, Ph.D., UMSN's embedded counselor. "There are pressures - some internal, some external - that make students feel like only perfection is good enough. They can feel like failing a test means you aren't going to be a good nurse. There's a harshness not seen in other student populations."



Kristen Adams chats with student, Alexandra Zeto

Stress can often lead to self-perpetuating impediments in school, as well as serious concerns such as depression, sleep disruptions, substance misuse and eating disorders. In addition, students may be facing issues unrelated to nursing school such as struggles with relationships and sexuality, health issues, family discord and the general commotion of collegiate life.

THE MICHIGAN DIFFERENCE

To address these concerns, U-M began offering embedded counselors through its Counseling and Psychological Services (CAPS). Now more than a dozen U-M schools and colleges have embedded counselors with regular hours and a dedicated space in their assigned units to provide counseling and connect students to resources.

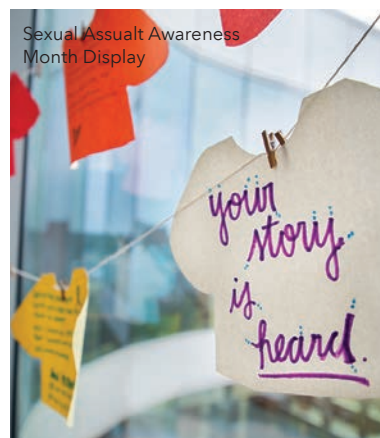
“Very few universities use embedded counselors,” Adams explained. “U-M is leading the way with a demonstrated commitment toward mental health. What we’re doing is very innovative.”

BUILDING COMMUNITY

Although about 8% of UMSN students have sought counseling through Adams, she knows many other students are reluctant to seek help, which is why she organizes events and displays throughout the school building.

“We’re not just serving the students who come to our door,” she explained. “We’re building community.”

The events, often in partnership with Nursing Student Government, include visits from therapy dogs, handing out free sleep kits and interactive sexual assault survivor displays that promote healing. ■



THE STUDENT PERSPECTIVE

Alexandra Zeto, a UMSN rising senior from New Jersey, felt motivated to get involved in supporting mental health after a taxing living situation began to affect her.

“It was hard coming from a long stressful day,” she said. “I wouldn’t say I was depressed but I was off. I just wasn’t myself.”

During that time, she joined the CAPS Student Advisory Board (SAB).

“It seemed like a good opportunity to learn and to help others,” said Zeto. “I’m going to see people struggling with mental health wherever I go in my future as a nurse, so I like knowing more about what to look for and what resources are available.”

SAB members are developing a toolkit to help faculty identify students who might be struggling.

“The toolkit will also help faculty learn about special considerations for minority groups like freshmen, international students, transfer students, students with disabilities and those from low-income backgrounds,” Zeto said.

The toolkit will provide ways for faculty to incorporate resource sharing into their courses. Zeto and the other students hope that increasing open classroom discussions will help reduce stigma.

“You have to be able to take care of yourself before you can take care of other people,” said Zeto. “Nursing is not an easy career. You are going to see things that will affect you. If you don’t have good habits for taking care of yourself, you aren’t going to be able to give the best care.”

Zeto is hopeful that the toolkit will eventually be shared with other schools to help students beyond Ann Arbor.

“Mental health doesn’t stop at Michigan,” she said. “It’s a global issue.”

RHETAUGH G. DUMAS PROGRESS IN DIVERSIFYING AWARD



UMSN was honored by U-M's Academic Women's Caucus by receiving the Rhetaugh G. Dumas Progress in Diversifying Award. It recognizes "outstanding institutional initiative in demonstrating notable progress by academic

units in achieving ethnic, racial and gender diversity among those pursuing and achieving tenure as professors, clinical professors, research professors, and research scientists."

The award is particularly meaningful to UMSN, as Dumas served three terms as UMSN's dean in the 1980s and '90s. Her original appointment was significant: she was UMSN's first African American dean and the first female African American dean at U-M. She also served as U-M's Executive Vice President for Health Affairs.

"Our school is greatly honored by receiving the Rhetaugh Dumas Award," said UMSN Dean Patricia Hurn, Ph.D., RN, FAAN. "Dr.

Dumas was a beloved dean of UMSN and started us on the path to diversity and inclusiveness. Our passion around this remains high today. We believe that diversity makes us stronger as a profession and as a school. And we work every day to advance a culture of inclusion and respect."

UMSN was selected for the award for "its steady progress to increase diversity by race and gender among their faculty over the past two years, including at the full and associate professor ranks."

"Many may think it a given that a discipline primarily recognized as a female-dominated field would be recognized for its successful recruitment of women faculty," said UMSN Assistant Professor Emerita Patricia W. Coleman-Burns, Ph.D., MA. "Nursing in 2019 is recognized for going beyond the 'given' to include scientists and scholars who represent women from a vast array of racial and ethnic groups and perspectives in nursing, as well as including men." ■

2019 DISTINGUISHED ALUMNI AWARD WINNER



UMSN and its Alumni Society Board of Governors selected Jane H. Barnsteiner, Ph.D. ('84), RN, FAAN, as this year's Distinguished Alumni Award winner for her contributions to patient safety and quality improvement.

Barnsteiner advanced a career model bridging the classroom and practice. She held positions including professor of nursing at the University of Pennsylvania, director of nursing at The Children's Hospital of Philadelphia and director of translational research at the Hospital of The University of Pennsylvania. In

addition, she created the first pediatric critical care advanced practice nursing graduate program and served as a consultant for similar programs across the country.

She was nominated for the award by fellow alumna Linda Houk Cronenwett who says, "It is the rare nursing leader who makes an impact in all phases of professional commitment - practice, education, research and service."

Barnsteiner will receive the award in October as part of UMSN's Homecoming Reunion festivities. ■

IN HONOR OF KATIE STIMAC

We are saddened to share an update on a special member of the UMSN community. Katie Stimac Carter, daughter of UMSN alumna Jenny Stimac, passed away in December. Katie was featured in the Winter 2018 issue of Panacea because she played an unplanned but pivotal role in shaping a professorship.

In addition, Professor Christopher Friese, the first recipient of the Elizabeth Tone Hosmer Professorship, and many of our alumni were part of Katie's care team during her treatments.

"In those early days I came to admire Katie's warmth, kindness and sense of humor," said Friese. "Since then, I have admired how she faced her illness on her terms, always focused on living her best life, no matter the circumstances. She taught me to cherish every moment and to find hope in all situations. Her passing affirms the commitment of my research team at the University of Michigan School of Nursing to do all we can to reduce the burden of cancer for patients and families."



Read the original story: nursing.umich.edu/Katie

of an parents found the FM difficult to
 if you found it beneficial
 years which made the more difficult also
 some feasibility of using the FM
 can be made to facilitate the implement
 in the beginning of the day to compl
 ing emphasis on the importance of the
 the FM throughout the patient's sta
 in a location of the room where it sit
 after
 families that not all activities may not be
 over child, and other activities can be ad
 suitable to the needs of the patient)
 y done to discover strategies for
 items and ways to improve the number
 back
 for the healthcare team can be improve
 needs to families and the importance of

CONCLUSIONS

ile and interactive tool that allows
 to include family in their child's care
 as a tool for collaboration and
 families and their child, and a culture
 red care is necessary for successful
 to FM?

plementation of this project. We're able
 to educate the staff on the importance
 to educate education of the staff for health

OWER Nursing Champion team will
 education and training tool for
 in informing all of the PCU nurses that
 it then being helpful to understand the
 in, and make it easier to use
 project involved a small amount of



Jessica Fladger

MEDVEC NURSING INNOVATION AWARD

Jessica Fladger, a UMSN BSN alumna and current DNP student, is the winner of UMSN's 2019 Medvec Nursing Innovation Award.

Established by alumna Barbara Medvec and her husband, Michael, the award was created to support UMSN graduate students in the development and application of innovations for nursing practice that can improve health care delivery, quality of care, patient outcomes and population health.

Fladger, a midwife, is exploring the benefits of group prenatal care for incarcerated women in a Michigan prison. She presented her work during the poster session of UMSN's annual Research Day.

"The majority of these women are in prison for non-violent crimes," she explained. "Anybody in your life can end up in prison and you would want them to get good prenatal care. I think we have to humanize the system a bit better so we can help everybody."

She's an advocate of group prenatal care for all expectant mothers and is also focused on ways to encourage providers to utilize group care.

"I would love for group prenatal care to be the standard," she said. "I want them to have that option the first time they call their provider. I want it to be that engrained in the process. When women

can talk to other women and say 'I'm going through that too,' it normalizes a lot of the situations."

Fladger knows changing the norms of a well-established health care process is a formidable goal, but she says the current state of maternal health care demands a change.

"In the U.S., we spend the most money on health care but, in regards to maternal outcomes, we do very poorly compared to other developed nations," she said. "Group prenatal care is a nursing-focused intervention that really does work and we have data to support it." ■

2020 U.S. NEWS & WORLD REPORT BEST GRADUATE SCHOOLS RANKINGS

- #9 Nurse Administration
- #14 DNP Program
- #1 Nurse-Midwifery
- #8 Master's Program
- #9 Family Primary Care Nurse Practitioner
- #10 Adult-Gero Primary Care NP



Helland at a pop-up event in Mason Hall during the spring semester.



Follow Atmos
on Instagram:
[@atmos.cc](https://www.instagram.com/atmos.cc)

POPPING UP TO SERVE COMMUNITY

Written by: Jaime Meyers

Jacqueline “Olivia” Helland (BSN ’19) and her sister, Madeline, found themselves barreling through college life without taking time to enjoy the little moments or connect with new people, so they started thinking about ways to encourage mindfulness and community.

“We wanted to create a space where people could engage and feel seen while also enjoying that time,” said Helland. “What’s something that brings people together? Coffee. We thought maybe that’s the way to facilitate this.”

The result was Atmos, a pop-up coffee cart with free coffee, tea and hot chocolate. The team, which has grown to include students from half a dozen U-M schools, brings the cart to locations all over campus about twice a month. They usually announce their pop-up location and time the day before.

“You do have some people who just stay for two minutes to get their coffee but

then you have others who will stay for 30 minutes,” she said. “We’re all about the connections so however long or short, it’s a win for us.”

In 2018, the group was selected as winners of U-M’s “optiMize” Social Innovation Challenge, which helped fund Atmos’ development and keep the focus on community.

“The first thing we usually hear is, ‘This is free?’” said Helland. “We say, ‘Yes, we just want to get to know you.’ The reality is we’ll have to do some things to grow as a business, but we never want that to be a barrier. Our mission for pop-ups is to always remain free.” ■

The Atmos team usually announces pop-up locations on social media.



MY BEGINNINGS



Written by: Jaime Meyers

UMSN Gateway Fellow finds inspiration in his international nursing family

Undergraduate student Raphael Castro had several ideas for his UMSN Gateways 21st Century Nursing Fellowship project but hadn't found the right fit. The creative project is a required capstone assignment at the end of the fellowship which is dedicated to learning about health disparities, population health and diversity in health care.

After exploring such extensive topics, there were many options for Castro, but it was a simple suggestion from one of his mentors, UMSN Assistant Professor Erin Kahle, Ph.D., MPH, that gave Castro the inspiration he needed. Raphael's project would focus on his own mother, Mary Castro, a nurse from the Philippines.

Mary and her husband immigrated to the United States in 2006 with their two children, including five-year-old Raphael. For the project, Raphael created a video

interview of his mother asking her about differences in the Filipino and American health care systems, as well as her own personal experiences.

"I never really thought about having an immigrant identity, but this project really made me think of a lot of questions and I learned so much about her journey," said Raphael.

The UMSN Gateway 21st Century Nursing Fellows program was created to support diversity, equity and inclusion at the school. The program gives undergraduate and graduate students opportunities to learn about a wide range of health topics health topics. It includes financial support, research and writing assistance, seminars, special events, mentorship and the final project.

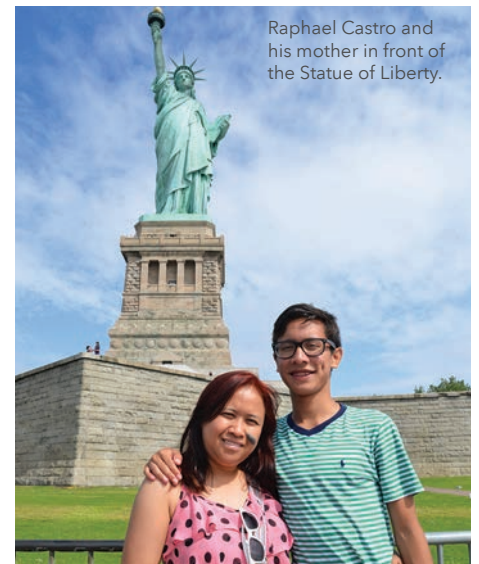
"I'm happy that I was able to focus my project on my mom," said Raphael. "She's influenced me a lot as a person and in my educational decisions. That's why I want to be a nurse."

"Raphael is a fantastic storyteller and his interview questions were spot on," said UMSN's Chief Inclusion Officer Rushika

Patel, Ph.D. "Through his Gateways project he helps us see the very special qualities and gifts of insight and leadership that immigrant nurses bring to the nursing profession in the United States. The ability to view aspects of nursing from the vantage point of neither quite a cultural insider nor quite a cultural outsider orients and inspires all of us to understand challenges and map new possibilities for the future with fresh eyes. Even more, Raphael's story helps us think about how the journeys and work of nurses that came before, are so powerfully inspiring to a new generation of nurses who want to know and learn from their experiences."

Castro, who will begin his sophomore year in the fall, says he's looking forward to starting clinical rotations so he can explore different opportunities and specialties within nursing. He says whatever he focuses on, he hopes to include a global component during his education at UMSN.

"You can learn so much from going to another country," he said. "It's so valuable to experience other cultures and learn new perspectives." ■



Raphael Castro and his mother in front of the Statue of Liberty.

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

SAVE THE DATE!

UMSN Reunion
October 4-5, 2019

