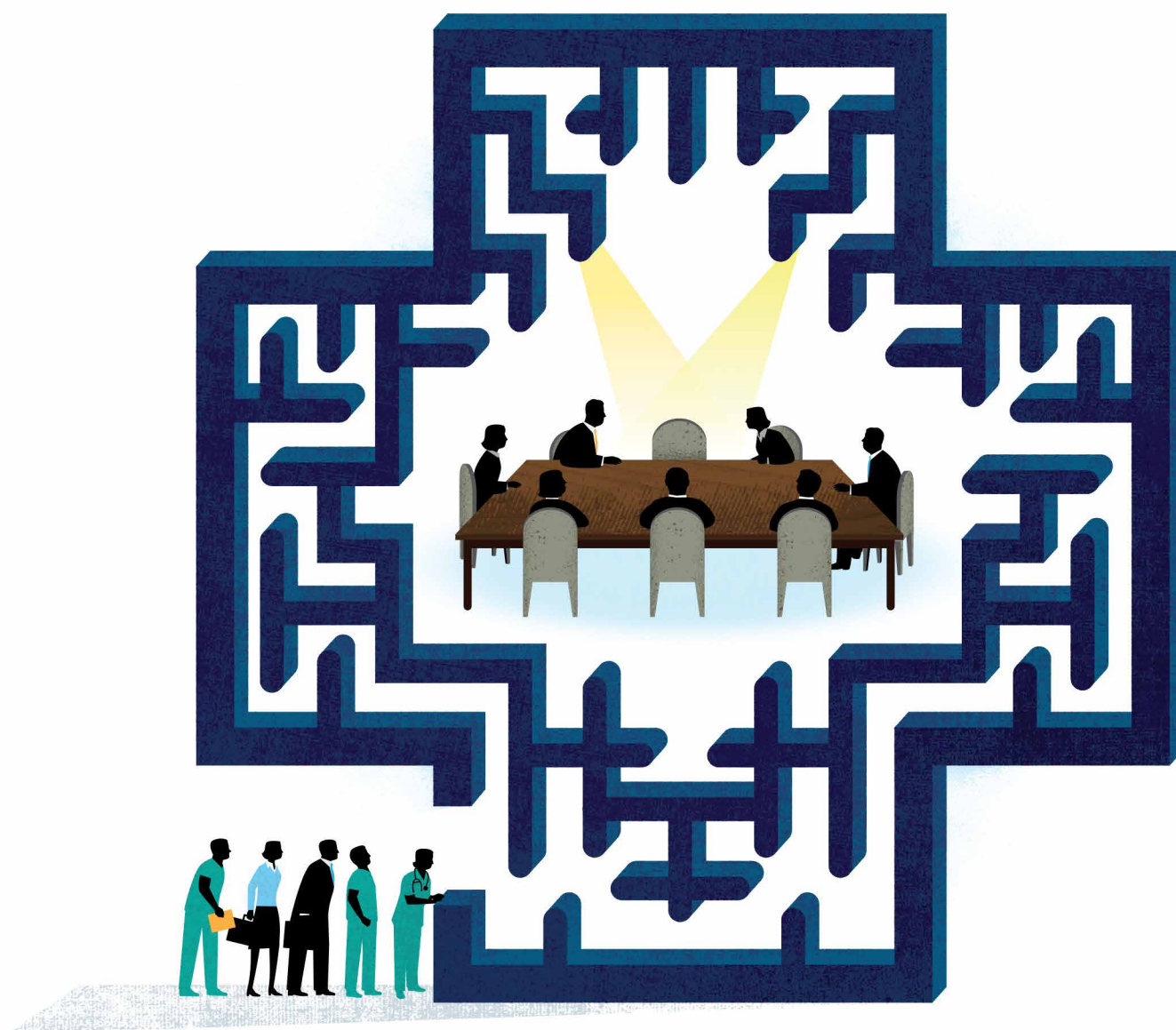



PANACEA

Winter 2018



A SEAT AT THE TABLE

Nurses have fought to have their voices heard in the places where decisions are made. What can we learn from those who have helped nursing earn its proverbial seat at the table? **p. 8**



Christina Rockwell
practicing nursing skills
in the Clinical Learning
Center at UMSN.

PANACEA

Winter 2018

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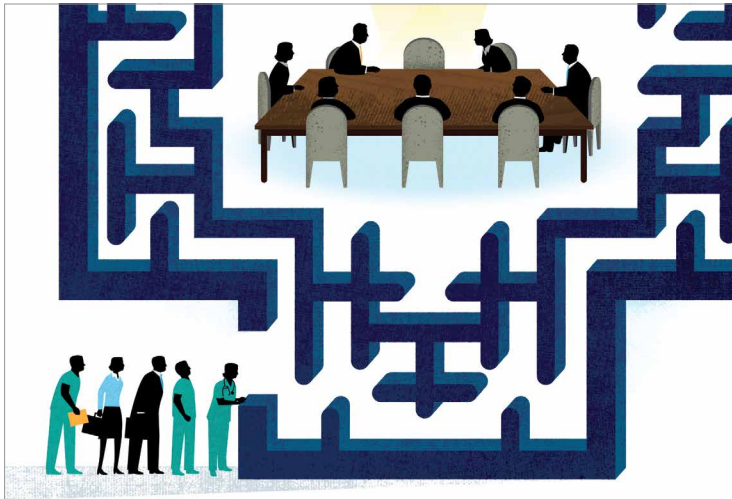
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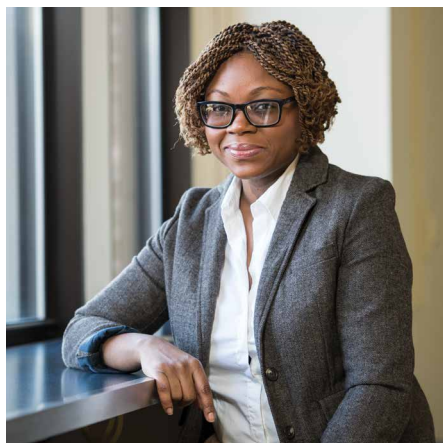


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This issue's cover story highlight's some of our faculty who serve as the only nurse on government committees and in professional organizations. We see how they have stepped up to make sure nursing has that place at the table for generations to come.

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Marie-Anne Sanon Rosenberg took an unusual first step to learn about the people she would soon start researching. She convinced a hotel manager to let her be an unpaid housekeeper for two weeks.



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Learn how one UMSN alumna weathered Hurricane Irma during the longest shift of her nursing career.



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Q&A with Dean Patricia D. Hurn, Ph.D., RN, FAAN

Dean Hurn sat down with Suzanne Miyamoto, chief policy officer for the American Association of Colleges of Nursing (AACN), in Washington, D.C., to discuss the expanding role of alumni in UMSN's community and the dean's vision of the school's future. Miyamoto earned her BSN, MSN and Ph.D. at UMSN and has been working at AACN for more than 11 years.

SM: One of the great things in my UMSN experience was the mentorship from faculty. They encouraged students to seek opportunities and explore new ideas. How is that mentorship culture continuing, especially in a time when health care is poised for potentially significant changes?

PH: Students are faculty's first priority. They are always thinking about ways to mentor students and help them find opportunities. But, our students are anxious about some of the potential changes. When they hear stories about losing 150,000 nursing jobs if the Affordable Care Act is set aside, that really affects them. It is the reality for them right now.

The positive side is that we know our students are smart and resilient. They are receiving the best education possible and they are really good about taking advantage of the existing mentorship and career building opportunities. Faculty are always looking ahead and crafting ways for students to gain experiences and confidence so they can take on those changes, and when the opportunity presents, be the leaders of those changes.

SM: What can alumni do to support students and their transition to professional nursing?

PH: We would really like to see alumni get involved in the soft landings programs we're developing. They can help students find employment and opportunities for growth, settle into communities, and connect with professional organizations. To facilitate that, we're building an extensive alumni website that will connect alumni with students. We should have that ready by early spring so expect to hear more on that soon.

SM: Using the national lens, my focus is often federal funding. NIH has strong bipartisan support here in D.C. Members of Congress know the importance of championing evidence-based science to change health care. What innovative research is happening at UMSN and how are we messaging the findings so we can continue the investment in nursing science?

PH: Our school's history is filled with highly-accomplished individuals. The task before us now is to scale up and pull individuals together to leverage their experience and research. I couldn't possibly hit all of our research topics, but some areas we are seeing the most growth in include substance abuse and misuse, cancer, health inequities and trauma-informed care. We have faculty working with diverse populations, children and families.

UMSN has become multidisciplinary and focused on team science. We have a fair number of faculty who are not nurses, but still understand the needs and capabilities of nursing, while adding a wealth of expertise in other areas. We've added researchers who specialize in data and information science. This talent gives us the capacity to handle big data and apply the sophisticated analytics that are needed to approach large scale health care research.

There are a lot of challenges in getting the messaging out about the importance of research, but we're making progress. We're also focusing on all communities, not just Capitol Hill. Our students know they need to connect their science to the communities where they live and practice. The ability to use data to answer questions and to provide expert testimony is essential to their education.

SM: A recent conversation we had at AACN is the "Nurse of 2040," and what we need to do to prepare students. What does the nurse of the future look like in your mind?

PH: We are envisioning that right now. The first thing we are thinking about is the role of nursing schools. I think that it is up to academia to develop and test models of health care delivery, largely because there is no other place to do this work. Others might say that that's the responsibility of health care institutions. I would argue that academia's true requirement is to use its talent to craft and test those models and then offer them to health care organizations to say "this is what we know."

If you were to generate models of health care that were designed by nurses and accompanied by engagement of the whole health care team, it would look very different than what we have today. With that in mind, how do we prepare our students to move into that world? How do we prepare our graduate students who are going to make those changes happen?

One of the things most schools struggle with is how we prepare people for the jobs of today that will change in the future. For

example, we spend enormous amounts of time teaching students in delivering medications, but if you follow the field of robotics, you know in 3-5 years, humanized robots will do a great deal of the activity. Nurses will have an entirely different role in assuring that their patients get their medications safely and effectively.

Overall, one of the most important things that we as educators can teach our students is how to use their honed ability to think critically, create nimble approaches to longstanding and significant health problems, and to use calculated risks to advance important goals. Historically, we have been taught to avoid risk-taking because you could put someone in harm's way. Of course that's inherently true, especially when it comes to patient care. But, we're going to have to take some calculated, well-informed risks to change how we teach and what nurses do.

SM: That goes with something our AACN board has been talking about- moral courage. How do you teach students to identify the risk, but also know when something is just the right decision?

PH: That's a question I get up every day thinking about. When I became dean, I talked to many constituents about how we must recognize our belonging and working together as a tribe. I chose that term because I was reading a book at the time called, "Tribe: On Homecoming and Belonging," by Sebastian Junger. It's about being able to use the sense of belonging to move things forward. Some people may not resonate with my "tribe terminology," but regardless of how we describe ourselves, we have to recognize that we are a piece of a bigger community. And that recognition is inherent in making courageous decisions.

SM: How do you see alumni's role in that bigger community?

PH: I want to make sure that our alumni know they are a life-long part of the UMSN community. We need to offer more to them in recognition of that fact. We can recognize their individual contributions but I'd like to



make sure we are giving them the tools they can use to benefit from being part of the tribe and using our community to make a larger impact.

As I've gone around the country and met many of them, I realize how deeply they care about being a Michigan nurse and how much they believe that coming from our school has made their careers unique and rich. But, many of them say they don't get a lot of lifelong learning in their positions. So, one of the projects under discussion is how we craft relevant opportunities for alumni.

We also need their engagement. This is a time when we need to share our views no matter how diverse or contentious they might be. We need our alumni to share their views from where they sit.

Whether it's sharing their opinion or expertise, mentoring new graduates or participating in our upcoming learning opportunities, we have a renewed focus on strengthening the school's relationship with our alumni and I'm very excited to see the plans take shape. ■

ABOUT OUR NEW NAME—PANACEA

Nursing—like all worthy scientific endeavors—requires us to continually examine new information and collaborate with our peers. In keeping with those ideals, we are always evaluating the content, format, and design of this publication in order to create the best possible version. Given the ever-expanding scope of nursing, we felt it was necessary to update the title of this magazine to better reflect UMSN's vision for the future.

We recognize that our work as educators, researchers and clinicians at UMSN is infinite—there is no end to discovery, advancement and knowledge. The simple, ardent pursuit, however, will help reveal nursing as the solution to the most pressing health care challenges of our day. It is our Panacea.

-Patricia D. Hurn

OUT AND ABOUT





- 1** Zachary Chornoby, BSN class of 2018, demonstrates an app developed by UMSN assistant professor Jessie Casida at the U-M Third Century Expo in October. The app is a self-management tool for patients with left-ventricular assist devices.
- 2** Demetria Thompson, BSN class of 2018, works with a sixth grade student at Estabrook Elementary School in Ypsilanti, Michigan as a part of her clinical rotation in community health nursing. Through community health nursing, UMSN partnered with Project Healthy Schools to help classroom teachers integrate curriculum on health and wellness into their social sciences units.
- 3** UMSN global photo contest winner: UMSN student Michelle Tuyu visited Uganda this summer, where she provided basic care to preterm infants during

home visits and at local orphanages. She is pictured here playing with one of the children. Her visit was made possible by the prestigious Benjamin A. Gilman International Scholarship.

- 4** Staff (left to right: Rebecca Himmelstein, Kristina Countryman, Listrion Mannix, Alexis Hunter, Stephen Sullivan, and John Mark Wiginton) from the UMSN Center for Sexuality and Health Disparities attend Motor City Pride in Detroit this June, where they were helping raise awareness of the center's mission.
- 5** UMSN students and faculty at the Michigan State Capitol building for Michigan Council of Nurse Practitioners Advocacy Day.



NURSING'S SEAT AT THE TABLE

How have society and the medical profession historically viewed nursing and nurses? How have nurses and nursing researchers viewed themselves? And how may these views have made it difficult for nurses to make their voices and their professional points of view heard—on panels, on committees, on IRBs, in print, and in other contexts where medical opinions are voiced, decisions are made and, one hopes, healthcare is advanced for the good of us all? What exactly is nursing's point of view? If nurses have fought and continue to fight for "a place at the table," what is the message they are fighting to communicate?

Here we highlight some of our faculty who serve as the only nurse on government committees and in professional organizations. We see how our faculty and alumni have stepped up to make sure nursing has that place at the table. In conducting these interviews, we also

asked for historical context on how nursing was denied that place in the past. We asked why interviewees were inspired to push for their own place at the table. We heard personal stories about what interviewees felt they contributed by being the only nursing voice on a panel or committee. Many interviewees spoke to how today's nurses and nursing researchers can be prepared to take more places at more tables in the future.

Finally, for a hint of what that future might look like, we spoke with six current undergraduate students at the U-M School of Nursing. Some have already heard negative assumptions about nursing. But most have also been encouraged and supported by those who truly understand the breadth and the challenges of the profession. All of these young nurses are now poised to remake your definition, whatever it may be, of just what a nurse is and can be.

Written by David Pratt



PATRICIA ABBOTT, PH.D., RN, FAAN, FACMI

Associate Professor, Director, Hillman Scholars in Nursing Innovation,
Department of Systems, Populations and Leadership
University of Michigan School of Nursing

Ask Professor Patricia Abbott if she has felt uneasy as the only nurse at the table, and she will recount her experience in 2013, when she joined the board of the Open Source Electronic Health Record Alliance (OSEHRA), a nonprofit funded primarily by open source contracts with the Department of Veterans Affairs, which leads an international open source community engaged in advancing health information technology.

"I was the only nurse and only female on an all-male board in a male-dominated field," Abbott explained. "And the VA is infused with military personnel, which introduces military protocol and hierarchy."

The chairman of the board was four-star General James Peake, MD, who served as the Secretary of Veterans Affairs during the G. W. Bush presidency. "When he walked in, everybody stood up," Abbott said. "Initially it was quite intimidating."

"I didn't know how to contribute," Abbott recalled. "I felt like the only woman in the 'smoky back room' with the political deal-makers. But I told myself, 'It's okay that I don't smoke cigars or hang out on Capitol Hill. Find your niche, focus on what you know, get your foot in the door. Now is your opportunity to give your perspective as a researcher, a woman, and a nurse. You have an opportunity to make a difference, Abbott!'"

It turned out that Abbott was also the only professor on the BOD. "That became a differentiator," she said, "Because the mission of OSEHRA included research and education, particularly among clinical users, which was right up my alley."

Abbott believes that she influenced the organization to think about education and research involving health information technology more broadly and creatively. The educational and research workgroups of OSEHRA are reinvigorated and according to Abbott "are going strong."

Abbott reached her term limit at OSEHRA in the fall of 2017. Unfortunately, OSEHRA was unable to find another woman to run for the position. Still, Abbott believes there is hope for the future.

"General Peake and I had a lengthy conversation about diversity of the OSEHRA board, and he is sincerely committed to women and minorities on the board. I gave him a list of five outstanding women in health information technology, and I fully expect that, when another director position opens, we will see a woman again on the board of OSEHRA."

"Things are changing," Abbott said. "I am encouraged by the 'taking to task' of individuals who have abused their power, particularly with women. Some of the gender and professional bias is melting away, and organizations are starting to embrace the science and the power of teams, including leaders who are diverse and disrupt the status quo. To those who say, 'They only chose you because you were a woman' or, 'They needed a token nurse,' I say that the opportunities to contribute come in many forms. It is up to you what you do with them and what changes you affect." ■

BARBARA L. BRUSH, PH.D., ANP-BC, FAAN

Carol J. and F. Edward Lake Professor in Population Health,
Department of Health Behavior and Biological Sciences
University of Michigan School of Nursing

Barbara Brush points out, "Nursing's place at the table has evolved as women's rights have evolved."

Nurses once were viewed as "handmaidens" to physicians. After World War II, they expanded their influence to the care of populations and communities.

"We earned a place at the table," Brush said, "Because we pushed for it. We're speaking up about health issues that for years were regulated by MDs."

This has not been easy, Brush says, because nurses bring some discomfort to the table. They view healthcare differently than



physicians. "We articulate a broader vision of what health means," Brush said. "Doctors ask for 'the nursing perspective,' but we bring multiple perspectives, including those shared by patients."

After completing her undergraduate nursing degree in 1979, Brush became a family nurse practitioner (NP), graduating with a master's degree in 1982 from the University of Pennsylvania.

"The NP role was up in the air then," Brush recalled. "Women and children had poor healthcare access. We focused on them initially, but we were soon caring for vulnerable populations wherever physician access was limited. Nursing and primary care were also ideally suited to patients and families living with and managing chronic illness. When AIDS appeared and again with shifts in care for the mentally ill, we were there."

It was then that Brush began caring for and studying the health and social needs of individuals and families experiencing homelessness.

Brush completed her Ph.D. at the University of Pennsylvania, studying the roles of nurse migrants in U.S. care institutions. Because of her expertise in nurse workforce analysis, she was invited to represent nursing on a Robert Wood Johnson Foundation leadership council entitled, "Valuing Diversity: An Action-Oriented Agenda (2009-2012)."

"The doctors in the room called each other by their first names and didn't call me anything, or called me 'the nurse.' I was only asked to speak about nursing," said Brush.

The final report was written by the MDs and contained little that Brush felt was new. "I stuck with that panel because there was no one else speaking for the nursing profession," Brush said, "But I also felt it might have been a waste of time."

Learning from that experience and many others, Brush currently serves on an expert committee of the National Academies of Sciences, Engineering, and Medicine because of her expertise on homelessness.

"Again," Brush said, "I am the only nurse. But I don't limit myself or allow others to. I am an expert on homelessness, and my perspectives as a nurse and a community researcher are unique. I authored one chapter of the report and contributed significantly to the others. When I read the final draft last week, I could see my influence throughout. It was a huge change."

Asked how to make more changes for the next generation of nurses and nurse researchers, Brush said, "We need more training on getting to the table. The next generation must network across health disciplines early and often and avoid being siloed in nursing. My generation had to force its way to the table. We were told that women should support rather than take charge. But a lot of debates about healthcare delivery today are about prevention rather than managing illness, so nurses are perfectly positioned to be at the table and take those leadership roles, and to invite others to join us." ■



DEENA KELLY COSTA, PH.D., RN

Assistant Professor, Department of Systems, Populations and Leadership
University of Michigan School of Nursing

Deena Kelly Costa works in critical care health services research, a field with few nurses. Her experience has helped her crystallize a powerful vision of what a nurse does.

"We are the human face of the healthcare machine," she said. "We are patient advocates, and we have a unique, holistic view of patient care, patient organization, and patient management. We are a hub, integrating and synthesizing information from family and clinicians, and we serve as conduits of information we gather at the bedside. This positions us for advocacy and conduit roles 'at the table,' on panels and so forth."

Costa pointed out that nurses are also interdisciplinary, and there is increasing interest, at Michigan Medicine and elsewhere, in healthcare fields partnering and training across professional boundaries.

"In my postdoc at the University of Pittsburgh School of Medicine," Costa pointed out, "I was brought in and funded. I'm active in the American Thoracic Society, which involves giving talks on panels at our annual conference. I also review abstracts and assemble symposia and posters for them, and I am the only nurse reviewer. The experience of being the only nurse is both a humbling and privileged feeling. There's a sense of power that comes with it. It's empowering and emboldening. It's an opportunity to provide a voice for nurses and raise awareness of nursing's holistic perspective. I have been able to enjoy these opportunities as the 'only nurse' because of those who came before me, the researchers with whom I trained, who were often the sole nursing voices years ago. I continue their legacy, and I encourage students I mentor to speak up. No one gives you power or legitimacy. You have to take it. It might not be comfortable, but I believe it's one key way to move things forward for the nursing profession."

Finally, Costa turned her attention to a less visible but equally important role that research nurses play—publishing as the only nurse on a paper or the only nurse in an issue of a journal.

"It is incredibly impactful," Costa said. "The work is important not only for being the nursing voice at the table, but for showing younger nurses and Ph.D. candidates that their voices are important and must be heard."

Last year Costa wrote an op-ed piece in a critical care-themed issue of the Journal of the American Medical Association. She was the only nurse in the issue.

"Hopefully," she said, "Seeing that will help some young nurse researcher say, 'That can be me, too!'" ■

PATRICIA HURN, PH.D., RN, FAAN

Dean and Professor
University of Michigan School of Nursing

Dean Patricia D. Hurn, brings an interesting perspective to the discussion of "a place at the table." After beginning her career as an intensive care nurse, Hurn spent the better part of her career as a neuroscientist. Perhaps this is why she has an almost scientific approach to being the only one at the table. She starts with a neurological metaphor: "The uncomfortableness of being the only one at the table comes from the noise in the back of your head, not in the front of your mind," she says.

How to banish the noise?

"You must value what you do, understand the culture you're working with, learn to speak the language, insert yourself in that culture, and not take careless comments personally. Then you bring strategic value to the group in a way they can hear. You're at the table for a purpose. Bring something and communicate well, and it won't matter that you are the only nurse."

Currently Hurn serves on the board of Michigan Medicine, where she is, indeed, the only nurse (the others are physicians, plus one health policy expert and one attorney).



"I communicate well with people from different disciplines," Hurn said of her success on the board. "I value them in terms of counsel, observations and expertise, and I want them to value me."

The problem may be that those outside nursing don't know what nursing is or does. "You have to show the value you bring as a nurse," Hurn said, "To those that may not have basic knowledge of what nursing is. They have to understand what a nursing leader's value would be to their process. You make them interested in things unique to nursing. That opens doors. They know my value and get interested in issues and solutions they would never have thought of. And I must be curious, too, about them and about their fields. I learn, they learn."

Hurn's ability to advance her profession's value may be helped by the stability, formality, and ritual of the Michigan Medicine board. What about participation in new or ad hoc groups?

"In emerging groups," Hurn cautioned, "Some people may quickly be dealt out of the deck. You need to communicate your value early on, so that, as the group coalesces, you are not dealt out. If you're the only nurse at the table, know your strategic value to the group and have multiple tactics to get them to appreciate it."

What are these tactics?

"Have an exquisite sense of timing," Hurn said. "Know when to promote yourself and when to listen, when to push how hard, when to be quiet. Don't miss an opportunity to break out of the 'only one' role. Have nimbleness and harmony. Move willingly and easily into different positions, try on different points of view. I would also stress balance. When you are the only one, you may be too confrontational or too reticent. Have a range of styles and capabilities. Let some things pass, but don't be a wallflower."

Hurn also addressed the burden of history on the nursing profession. "Nursing carries a history of being for white, middle class women. Nurses today may feel they are living historic assumptions about nursing. We must leave that behind. Nurses must insist on being at the table, but they must be skilled and prepared to operate as the only one. Our students must develop these skills, as they will need them throughout their careers to blend the nursing agenda with the agenda of whatever broader group they are in." ■





MARJORIE MCCULLAGH (PH.D. '99), RN, PHNA-BC, COHN-S, FAAOHN, FAAN

Professor, Director, Occupational Health Nursing Program,
Department of Systems, Populations and Leadership
University of Michigan School of Nursing

Marjorie McCullagh was fortunate to experience professional validation early in her career. Still, at times, she found herself the only nurse at the table, challenged by some who did not understand nursing's point of view.

McCullagh holds a master's and a doctorate in nursing, but she credits much of her professional growth to a clinical position held early on, working with substance users in upstate New York.

"It was interdisciplinary," she recalled, "With nursing, medicine and counseling working together, long before we spoke of 'interprofessionalism.' We worked in uncommon synchrony, and I created new opportunities to make unique contributions. Chemical dependency impacts the whole person, the family and the community, and in that kind of holistic care, nurses are leaders. As a nurse, I was uniquely prepared to assess the needs of very diverse people experiencing problems with substance use. I loved teaching about the effects of substance use and working with families in the evenings. The physicians and counselors supported me in leading these initiatives—in a way nurses often weren't empowered to then."

Then came academia.

"I had a long tenure at another institution before Michigan," McCullagh said. "I was the only nurse in their 40-year history to earn an associate professorship or be tenured. Still, as a researcher, there were many challenges in that place and time. Now at Michigan, it has been a privilege to enjoy the benefits of the research infrastructure and collegiality that the School of Nursing offers."

McCullagh has served as the only nurse on research review panels and finds that funding agencies often privilege tertiary care, with a disease-focused model.

"While my view as a nurse is prevention-oriented and holistic," McCullagh emphasizes. "As the only nurse I am disappointed

when researchers lack prevention and holistic perspectives. When they do focus on it, they call it revolutionary, which it isn't! Nurses have been thinking this way for a long time."

The past may have been frustrating, but McCullagh is enthusiastic about how far we have come and where we are headed.

She acknowledges there is still sexism in the academy, but looking at the broader picture, she says, "Nurses today are advanced in ways I never would have imagined. We have made ourselves respected in research, and we have proven ourselves excellent collaborators. A lot of people still don't understand that nursing is about creating a space in which people can be healthy as individuals, families, and communities. If we cultivate leadership in this area among today's nursing students and junior faculty, and if we encourage them to collaborate, they will have opportunities to help the profession and the institution promote nursing's role in quality research and evidence-based practice. After all, the institution is what we make it." ■

JANIS MILLER (PH.D. '96), RN, APRN, FAAN

Professor, Department of Health Behavior and Biological Sciences
University of Michigan School of Nursing
Research Professor, Department of Obstetrics and Gynecology
University of Michigan Medical School

Janis Miller was invited to the table with great enthusiasm, specifically for her background in nursing research, but she still must take care how she introduces herself.

Miller is a founder and steering board member of the International Center for Advanced Research and Training (ICART) in Bukavu, Democratic Republic of Congo (DRC). She was invited to help found ICART by Dr. Denis Mukwege, director of Panzi Hospital in Bukavu and the 2010 recipient of U-M's Wallenberg Medal, and Professor Gustave Mushagalusa, Rector of the Université Evangélique in Africa. At ICART, Miller is the only nurse, which has interesting implications, as ICART addresses conflict-based sexual violence and women's clinical issues.



"In the Congo, 'nurse' conjures a positive image," Miller said, "But it's not consistent with a board member of a research center. I say I have a Ph.D. and am a professor, and then that I am a nurse. If I start by saying I am a nurse, I am classified with church groups or other humanitarian aid groups. It's not dissimilar from what I experience in the U.S. The public perceives nurses as having less education than we do, and they are surprised that a nurse is a lead in research. Even my colleagues in nursing assume I do direct patient care in the Congo, not that I serve on a board for a research center."

Currently the ICART board comprises three individuals intent on growing a research center in a conflict environment. (In the wake of the 1997-2003 civil war, some fighting persists in the eastern Congo, where Bukavu lies south of Lake Kivu, close by the Congo-Rwanda border.) ICART's research is focused on women's health and trauma to women in war zones, with emphasis also on infectious disease and social sciences.

In the U.S., Miller's research involves issues affecting women's pelvic areas, including incontinence, prolapse, and birth-related injuries that can cause them. ICART also does research on these same areas, but the reasons women present with these symptoms and the injuries causing them are different in conflict zones than they are here.

"Still," Miller said, "My role on the steering board is based on my reputation in research here. My name and the U-M name carry weight."

Miller has brought an academic network to ICART, including Siobán Harlow, professor of epidemiology at the U-M School of Public Health; and Paul Clyde, president of the William Davidson Institute, which focuses on providing private sector solutions in low- and middle-income countries.

And Miller brings herself, the only nurse at the table.

"A nurse's view," she said, "is well suited to research in conflict environments. The environment is a core concept in nursing, going back to Florence Nightingale. Her foundational concept of nursing's role came out of work in a conflict environment, the Crimean War. The idea of health-plus-environment-plus-individual—where 'individual' includes family and community—is unique to nursing. It brings a richness to an institution like ICART that must take all these things into account in order to succeed." ■

STUDENTS' PERSPECTIVE



ETHAN BLACK

No matter what your image of nursing, freshman Ethan Black will expand it. Ethan certainly wants to work at the bedside, but he also plans to go into an MPH/ MBA program and then on to a Ph.D. in public health. His fluency in French will set him up for an on-the-ground job and then for an administrative position with the organization he effortlessly calls Médecins Sans Frontières. Then he wants to be a U.S. representative to the World Health Organization, then its director general, so he can help create teaching hospitals in Africa.

"There's so much intertribal fighting," he said, "But if you train one member of each tribe, they go back and serve their tribe better than an American or European could."

"Any group that I am in that is mostly or entirely males," Ethan said, "I am typically the only nursing student." (Males comprise about ten percent of UMSN enrollment and of the nursing profession; nonetheless, they tend to be more highly paid than women.) But Ethan grew up in Princeton, New Jersey, so, "There was a pretty good understanding of nursing. There were a lot of medical families."

What prejudice he did experience cut both ways. "People would say, 'You're so smart, why don't you become a doctor?' But I also heard, 'Why would you even consider med school? You should be a nurse!'"

In that pro-nursing camp was Ethan's cardiologist dad, a U-M graduate who suggested nursing when his son described his wish to deliver and influence direct patient care. Ethan then spoke with two of his aunts and a cousin, all nurses. A service project to the Dominican Republic sealed the deal. Ethan remembers a 12 year old Dominican boy joining the volunteer group to do chores for a project not even in his town. The two talked and became friends.

Reflecting on the traditional idea of a nurse, Ethan said, "That connection with people is special for me." Then he subtly references his larger life mission, adding, "I hope that boy will keep his bright demeanor." ■



LAUREN STEPHENS

Sophomore Lauren Stephens explains how her mother's journey influenced her own.

"My mom had me when she was 17, so she didn't go to college till her thirties," Lauren said. "She decided to be a nurse, and I asked why. She said, 'Every day I feel like

I am helping someone, and I walk away from my job satisfied. How can it get better than that?' That's what inspired me to go to nursing school."

Lauren remembers and now can empathize with her mother's academic struggles.

"It's definitely harder than I thought!" she said with a grin. "We put in a lot of work. I'm in class or studying or working, and that's it!" (In addition to her studies, Lauren puts in 18 to 24 hours weekly working at an Ann Arbor restaurant.)

Now, you definitely don't say "only a nurse" in front of Lauren. Recently, she and two nursing friends were in a campus cafeteria, and...well, let Lauren tell it:

"A guy sat down and asked us what we did," she recalled. "We told him, and he said, 'Why not be doctors? They do the real work.' We said, 'Do you have any experience in the medical field?' He said, 'My dad's a doctor. He tells me he does all the work with patients.' I said, 'You don't know if you haven't been in a medical situation. Nurses spend 99 percent of their time with patients. That is their job. They are the primary care providers in the room with the patient.' He was not having it. I said, 'Maybe you want to go with your dad to the hospital and see how often he is in the room compared to the nurses. Look at the interactions. See who the patient trusts. See what those different relationships look like.'"

Lauren has thought about going into OB-GYN nursing, but she is also investigating midwifery. This, she noted, is another misunderstood field.

"People say, 'Oh, so, you only do home deliveries?' 'Oh, so, you just sit in the bath with them?'" Lauren grinned. She is a pro-nursing activist, but at the same time she is not too worried. Her mother was clear-eyed and unstoppable, and though Lauren is just starting her sophomore year, she seemed very much to be her mother's daughter. ■



OLIVIA LIVERNOIS

"I wanted to be a special needs teacher," says sophomore Olivia Livernois.

Then, in sixth grade, a friend was diagnosed with cancer and was treated at Michigan Medicine.

"We would talk about what we wanted to do," Olivia recalled. "He wanted to be an MRI technician. He wanted to make the machine bigger so kids wouldn't be uncomfortable. He'd ask, 'What do you want to be?' I didn't know."

Two years later, Olivia's friend died. She remembered something he said in the hospital: "The nurses are incredible. They make my day." Olivia wanted to find a way to honor her friend. "I wanted to change lives the way his nurses had," she said. "So I applied, and here I am!"

Things are a bit different than what Olivia pictured. The workload is heavy, and sometimes she and her profession-to-be are misunderstood.

"I hear, 'Why go to U-M if you're just going to be a nurse? Don't you think you're smarter than that?' What do they mean by that? Nursing students study and work a lot. It's incredible how much information we absorb in four years. In the hospital the physician assistants and doctors are always asking nurses, 'What would you do?' 'What do you think?' Nurses have much more say than people think. Watch them in action. They don't just go in and give the news and walk out. I specifically wanted to be a caretaker. And my friend was right. The nurses here at U-M are great. It has been awesome to learn from them."

Olivia has also heard prejudice from fellow students. "They say, 'Why are you going to be just a nurse?'—the phrase I hate the

most! The medical profession doesn't shine enough light on nursing. TV shows and movies are all about doctors. They don't show the true work of a nurse: being a confidante, a caretaker and a comforter."

Eventually Olivia wants to be a pediatric nurse practitioner. She would love to stay here and work at C. S. Mott Children's Hospital in pediatric oncology.

"There are so many opportunities," she said. "I would also like to do nursing research. I was just admitted to the Honors program here, so I will be starting research soon, and I will hope to continue it."

Olivia's friend would certainly be proud. ■



HAYLEY FLORES

"I'm super into science and anatomy," said sophomore Hayley Flores. "I love the human body and how it works, so I knew I wanted to be in the medical field."

Why nursing? "It makes such a difference in patients' lives. You're at the bedside all the time. You're the first person there if something is wrong. You're so involved with patient happiness and patient care. Doctors are more behind the scenes."

Yes, Hayley reports, the reality of nursing school did match her imagination, but there is even more to it.

"There are little things you don't realize can affect a patient's day," said Hayley. "You're in the middle ground, spending so much time with the patient, and you are in charge of communicating to the doctor."

After graduation, Hayley would like to work as an RN for a couple of years, then progress to nurse practitioner. Within that she would like to work in neonatal intensive care units.

"It's exciting now that we are starting clinical rotations," she said. "I experience the specialties and I can see what else might appeal to me. So far the general care floor has been exciting. We see everything for what it is, we talk to real nurses, and they remember when they were in our position. They are super relatable and helpful."

Has Hayley been asked about being "only a nurse"? "I've been lucky," she said, "Because so many people in my life are supportive of me as a nursing student. My friends here say, 'Nursing is so hard; I have so much respect for you.' Older adults tend more to think I should be a doctor. I don't think they understand how different it is. They think doctors are the main people. They make the most money. They're the boss. They don't realize that nurses are so much more involved with patient care." ■



ZUMAYA OTADUY-RAMIREZ

Sophomore Zumaya Otaduy-Ramirez did not know any nurses. She thought she wanted to be a doctor, but she read up on what doctors do and knew she wanted to be more involved with patient care. She turned to nursing.

Her family was not impressed.

"My older sister assumed that all nurses did was clean up vomit and poop," Zumaya recalled. "My dad said I should go to medical school. He said I was 'too smart to be a nurse.' But then he did research on nursing and decided it was 'acceptable.' He encouraged me to become a nurse anesthetist because they make the most money. He sends me ads for nursing jobs. He's started to realize how many opportunities nurses have, and how much they do. He knows that I'm going into a profession that is right for me and has a lot of flexibility and opportunity."

The reactions of Zumaya's peers are a different story.

"I'm on the women's rugby team with two other girls from nursing," she said. "Our teammates think it's super cool. They say, 'I could never do that!'"

Ultimately Zumaya is thinking of going into midwifery. She did a doula training last summer, and she participates in a volunteer program at Michigan Medicine that connects families to doulas. "Still," she says, "the idea and the reality might be different, so I am keeping an open mind. I am excited to start clinical rotations so I can figure it all out." ■



RASHAD PRENDERGAST

"I was really interested in anesthesia," said nursing freshman Rashad Prendergast. "It intrigues me how the chemical process works. But I also like interaction with patients. Nursing gives me the opportunity to pursue anesthesia and to build meaningful relationships with patients."

Rashad chose UMSN because, once you are accepted here, you have a spot in the class without having to fret through two years of prerequisites. Rashad can take biochemistry, psychology and statistics in special classes with other nursing students, knowing he already has his place in his class.

Rashad also already knew the U-M campus and community. In 2016, while still at Cass Technical High School in Detroit, he participated in the Detroit Research Internship Summer Experience (D-RISE), through the chemistry department of our College of Literature, Science, and the Arts. He spent a month in Ann Arbor in chemistry labs with faculty and graduate students. With research done here he won first place in the Science and Engineering Fair of Metro Detroit (SEFMD), then fourth place

at the Intel International Science and Engineering Fair in Los Angeles. Winning in Detroit put him in the running for an internship at the Weizmann Institute in Rehovot, Israel. He won and spent that July in an immunology lab with interns from around the world.

With that background, it is no wonder he experiences frustration with how nurses are sometimes seen. "I'm from the metro Detroit area," Rashad said, "So yes, nursing can be very misunderstood. People see signs on the highway, 'Become a Nurse in Six Months.' That's a licensed practical nurse, and there are a lot of them in Detroit. People look at me and say, 'Why not be a doctor?' They don't know what nurses really do. But here on campus I can be more open. I always say I am a nursing student and I'm proud of it!"

Rashad praises U-M's holistic review process, which looks not only at the applicant but at their environment, as an initiative that improves diversity, equity and inclusion. He added, however, that, "You must be extremely proficient if you are socially disadvantaged. Not that anyone's necessarily projecting this on me, but I feel I always have to be excellent. I put in a hundred or a hundred and fifty percent, so no one will think I got a handout or benefited from any residues of affirmative action." It should be noted that Rashad gives that hundred and fifty percent while also working a part-time job with U-M Housing.

Rashad is currently among a small group of African American men in UMSN's undergraduate program. "I stand out," he mused, "And I guess that is a good thing." But there are social issues as well as the academic issues mentioned above.

"However, there are many positive and amazing resources that the nursing school and university provide, as a whole, such as academic and even personal support for my fellow students and I," said Rashad. He studies and socializes with many different people, but he is not yet part of any larger network. "However," he said, "there are many people I can rely on." ■

FACULTY IMPACT

Marie-Anne Sanon Rosenberg
Ph.D., RN

Written by Jaime Meyers



Marie-Anne Sanon Rosenberg took an unusual first step to learn about the people she would soon start researching. She convinced a hotel manager to let her be an unpaid housekeeper for two weeks.

"I was a terrible housekeeper," said Rosenberg. "Everything has to be just right. The mattresses are very, very heavy. Reaching in all those tubs was hard work. You bend and you stoop. I was in pain every day."

Hotel housekeeping may have been new to Rosenberg, but hard work and low-paying jobs were not.

IMMIGRATING TO THE U.S.

Born in Haiti, Rosenberg experienced hunger, poverty, and political instability firsthand. Her father died when she was just six years old. Then, her mother moved to the United States to build a better life for the family, even though that meant

leaving Rosenberg and her two siblings in the care of their aunt in Port-au-Prince, the capital of Haiti.

Her mother worked several low-wage jobs, including babysitting, working at a dry cleaner and in a factory, to provide for her children in Haiti. It took 10 years before they were able to join their mother in New York.

As Rosenberg grew up, she became aware of the impact that social contextual factors, such as unemployment, education and environment, can have on health. During high school in the United States, she got a job as an assistant in a doctor's office to support her growing interest in health. She

soon realized the factors influencing health were similar in developed countries, but varied in degrees and impact.

She also taught French lessons for extra income. "I'm a child of an immigrant worker," she explained. "I was taught that if you come here, you contribute and make something meaningful out of your life."

Rosenberg decided early on that she would use her education to help people.

"I became very curious about what made people sick," she said. "I went to school during the day and worked the night shift as a certified nursing assistant. I knew there had to be more to health care than coming to the hospital when you get sick. I wanted to help people not get sick."

HELPING WORKERS THROUGH RESEARCH

Now a University of Michigan School of Nursing assistant professor, Rosenberg is building a body of research focused on

"Right now, I feel like my biggest impact is awareness, both in letting the workers know about things that affect their health and that they matter. They are usually so invisible that people don't pay attention."

-Marie-Anne Sanon Rosenberg



promoting the health of low-wage workers by understanding the entirety of their lives, including factors such as the environment where they live and their immigration status.

"Often people think of occupational health as ergonomics or something for manufacturing," she explained. "It is, but it's much more. If you want to promote health, we need to understand what is happening at work but also outside the workplace."

Rosemberg's research examines social cultural stressors that can negatively affect health for low-wage workers such as a lack of health insurance and health care access, caretaking of children and other family members, and discrimination, which can be worse for immigrants who may be struggling with language barriers.

"Right now, I feel like my biggest impact is awareness, both in letting the workers know

about things that affect their health and that they matter," said Rosemberg. "They are usually so invisible that people don't pay attention."

In a time when immigration and related policies are under the microscope and being hotly debated, Rosemberg knows she is trying to be a voice for a marginalized population.

"If you say, 'why should I care?' I say, the low-wage workforce is like the oil greasing the machine," Rosemberg explained. "If you don't have the oil, it's not going to work. That population is keeping the country moving forward. We need them."

She also uses economics to make her point.

"If you look at stats, minorities are growing in this country," she explained. "If we don't help them now, we are going to end up

with a very sick population and that will be very expensive. We spend so much time helping people take care of their chronic disease. Why not focus on preventing those diseases?"

Rosemberg's work chips away at surface-level concerns. She cites an example from her work on housekeepers who take medication to manage hypertension. Some of the medication causes a frequent need to use the bathroom, but the housekeepers are generally not allowed to use the facilities in the rooms they clean. They are often unable to finish their job duties in the allotted time when running back and forth from the guest rooms to the staff restroom, so some simply stop taking the medication.

"Pointing the finger is not the right strategy," said Rosemberg. "People have stories. We need to understand those stories to understand why their health is the way it is. We do interventions for things like smoking cessation, but what if that behavior is a coping mechanism for something deeper?"

BRINGING IT HOME

While Rosemberg is focused on the workforce in the United States, her home country is also on her mind.

"Haiti has an 80 percent unemployment rate, and little to no policies relating to occupational health and safety," she said. "They also don't have policies like we do, so it makes it very complicated if there is a problem. I want to do something that really helps but I'm still figuring out the best strategies. Nothing moves forward without research and data behind it." ■



A patient perspective on a professorship

Written by Jaime Meyers

It was after midnight when the phone rang in a quiet home in Saline, Michigan.

"My parents came running into my bedroom and told me to hurry up and pack a bag because they were waiting for us in the emergency room," said Katie Stimac. "That was the start of everything going south in the most drastic of ways."

In those frantic moments back in September 2015, Katie's life as she knew it had changed. Then 21 years old, Katie was attending a local college and considering taking over the animal-care business where she worked.

"It was a really fun, comfortable life," she said.

But in the weeks leading up to that night, Katie had noticed she was more fatigued than usual, especially when walking the dogs in her care. She developed a cough and had her first migraine. The morning after the migraine, she woke up with blind spots in her eyes. Katie headed first to an urgent care facility, but was redirected to University of Michigan's Kellogg Eye Center.

"They drew blood to run some tests, then told me I could go home, that they would call me when the results came in," she said.

When those results arrived, the news was dire. Not only did Katie have acute myelocytic leukemia, she was in such bad shape that she needed to come in immediately.

Katie and her parents rushed to U-M's emergency department where they spent the next 15 hours as Katie received a battery of tests and treatments.

"I got blood, platelets, chemo, fluids, everything they could pile on," she remembers. "The bone marrow biopsy was the single worst event I had ever been through."



A CONNECTION FORMS

Katie was transferred to the hematology and oncology unit where U-M School of Nursing (UMSN) Professor Christopher Friese was working as a staff nurse. He worked several shifts a month in addition to his role as UMSN faculty.

"He did an exceptional job explaining the situation," said Katie. "I didn't have any concept of what all those blood counts and other numbers meant because I never had any reason to know before this happened."

But her mother, Jenny Stimac, a nurse-midwife and graduate of a U-M School of Nursing master's program, knew. Still, her education and experience were difficult to call on while absorbing the news about her own daughter.

"Chris was so calm and reassuring," said Jenny Stimac. "The way he explained what they were doing and why was so reassuring. He explained everything without overwhelming us."

"If we didn't have a nurse like him, I can't imagine how different our mentality could have been," agreed Katie Stimac. "He really set the stage for our outlook."

The Stimac family's outlook was tested repeatedly over the next two years as Katie faced grueling treatments including chemotherapy, a stem cell transplant and a relapse.

Friese was not a part of Katie's regular care team, but he made it a point to check on her.

"In your career you connect with certain patients and their families in a unique way," said Friese. "Katie had a lot of rocky times in the hospital, including an ICU stay and lots of side effects."



Katie in the hospital during treatment.



Center for Improving Patient and Population Health

The Center for Improving Patient and Population Health at UMSN, led by Director Christopher Frieze, was launched in fall 2017. The center will build on Frieze's research dedicated to understanding, measuring and improving delivery in high-risk settings. Frieze has an emphasis on cancer, but the center will also focus on a variety of serious illnesses, complex health care needs and population-level science.

Frieze brings additional expertise to the role after his one-year Robert Wood Johnson Health Policy fellowship in Washington, D.C.

"My goal is to distill the lessons I have learned from past collaborations, other highly productive teams, and from my recent RWJF fellowship," said Frieze. "I learned a great deal about policy and advocating for patients on a larger scale. Nurses have to be advocates for their patients whether it's at the bedside or on Capitol Hill or in the board room. We have to prepare our students to be advocates in whatever role they're in."

That connection between education and advocacy will be a key piece of the center's work, as it will provide a research home for doctoral students, postdoctoral fellows and early-career faculty.

"Scientists need to step up to the plate to inform the policy process. I'm excited to help researchers at the university think about the logical connections that can be made in Lansing, Washington or other policy settings," said Frieze. "Data can rule the day and it's up to us to bring the data to decision makers in a meaningful way."

Frieze believes the center's home at U-M will be a contributing factor to its success.

"We cherish the interdisciplinary approach," he said. "U-M is a great place for the center because we have top notch colleagues across the disciplines, from health sciences to law. Plus, the partnership between UMSN and the health system is a unique asset that allows us to consider the health system as a learning laboratory. We have a culture of creativity and discovery that allows good ideas to flourish."

"I was pretty closed off during that time," said Katie Stimac. "I secluded myself from everyone except the very close people in my life. But every time Chris popped in, it made my day more than words can express, even on the bad days."

What none of them knew at the time was that their lives were connecting in another way outside of the hospital.

THE START OF THE PROFESSORSHIP

Jenny and her friend Dana Richardson, also a nurse and UMSN alumna, were trustees for the estate of LaRue Hosmer, a professor emeritus at U-M's Stephen M. Ross School of Business. They, along with Dana's sister, Sunny, had been friends with Hosmer for more than 25 years and often discussed ways to use the skills and knowledge of nurses to improve health care efficiency and patient outcomes.

"LaRue was a businessman and a real proponent of nursing," said Jenny Stimac. "He was always interested in making things run more efficiently. He saw the possibilities in nurses, especially advanced practice nurses, and felt they are the key to improving health care."

After Hosmer passed away in 2014, Jenny and the Richardson sisters began working with UMSN to create a professorship that would honor his vision for the future of health care. While the trustees could give input on the professorship, the decision for who to place in the role was to be made by UMSN leadership. The process had begun well before Katie's diagnosis. Frieze was the leading candidate but his name was kept private.

"During Katie's experience, I kept thinking this guy would be perfect for LaRue's position," said Jenny Stimac. "In my heart, it felt like he was the right person."

"I didn't know about the connection when we first met," said Frieze. "Then at one point, Jenny mentioned her relationship to Dr. Hosmer. That's when I put two and two together. At that time, it wasn't appropriate to share that I had had a conversation with the dean about the professorship. My relationship with them was built on patient care and supporting their daughter and that needed to continue to be the focus."

In the months that followed and plans to firm up the professorship moved forward,

UMSN leadership was unaware of what was happening with Katie and the bond that had developed between Chris and the Stimac family.

"It gave us goosebumps when everything came together," said Jenny Stimac. "I think the universe put us all in the right spaces."

"Knowing that Chris had impacted my family so deeply and to see him get this honor was the best possible outcome," said Katie.

A NEW CENTER

The Elizabeth Tone Hosmer Professorship, named in honor of LaRue's mother, came at an opportune time. Frieze was about to launch the Center for Improving Patient and Population Health at the University of Michigan School of Nursing.

"The professorship gives me more time to build the center, focus on my research and to mentor trainees to make sure they are conducting research in a way that incorporates the skills that Dr. Hosmer studied through his career," said Frieze.



MOVING FORWARD

Now more than two years after her diagnosis, Katie says she's enjoying life in remission. She's well enough to travel and she is still pursuing her love of animals. She even bought her first horse.

As she reflects on her journey, she thinks about the legacy that her mother's friend left behind. "I didn't know LaRue Hosmer as well as my parents," Katie Stimac said. "But, he was always so kind and generous. He's the kind of person everyone should be so lucky to know. I think he would be thrilled to know about the connection my family will always have to the first Hosmer Professor." ■

Joanne Disch (Ph.D. '85) honored with inaugural UMSN Distinguished Alumni Award

UMSN and its Alumni Society Board of Governors presented Joanne Disch, Ph.D., RN, FAAN, with its inaugural Distinguished Alumni Award on October 27, during the school's 2017 homecoming week celebration.



Linda Zoeller presenting Joann Disch with her award.



Have someone you want to nominate for the UMSN Distinguished Alumni Award? Email us at nursingalum@umich.edu.

Disch has been a powerful voice for nurses and the critical roles they play, especially in venues where nurses have not historically been represented. She was selected for numerous accomplishments and qualities, chief among them her leadership in clinical and academic settings. She has worked to implement systems for reducing clinical errors, developed clinical learning environments to teach safe practices for new clinicians, and modeled ways in which to make the individual and his or her family a full partner in care.

Disch received her nursing Ph.D. with a focus on healthcare economics from UMSN in 1985.

"I cannot overstate the importance of an education from Michigan, and I'm not just saying that because of the award," she said. "The school has given me background and perspective that I have relied on my entire career."

President of the UMSN Alumni Society Board of Governors, Linda Zoeller (BSN '71, MPH '74), is pleased that Disch was selected to receive this award.

"Dr. Disch has demonstrated leadership at all levels as she has transformed health care practices to ultimately benefit the recipients of health care," commented Zoeller. "Her extensive contributions to nursing practice, education and research have advanced our practice significantly. She is an inspiration to many nurses as she has led our profession forward in its quest for delivering safe, quality health care."

Disch has served as professor at the University of Minnesota School of Nursing since 1991. Recently retired from active teaching, she now spends the bulk of her time on leadership and governance work with a number of boards.

HOMECOMING 2017

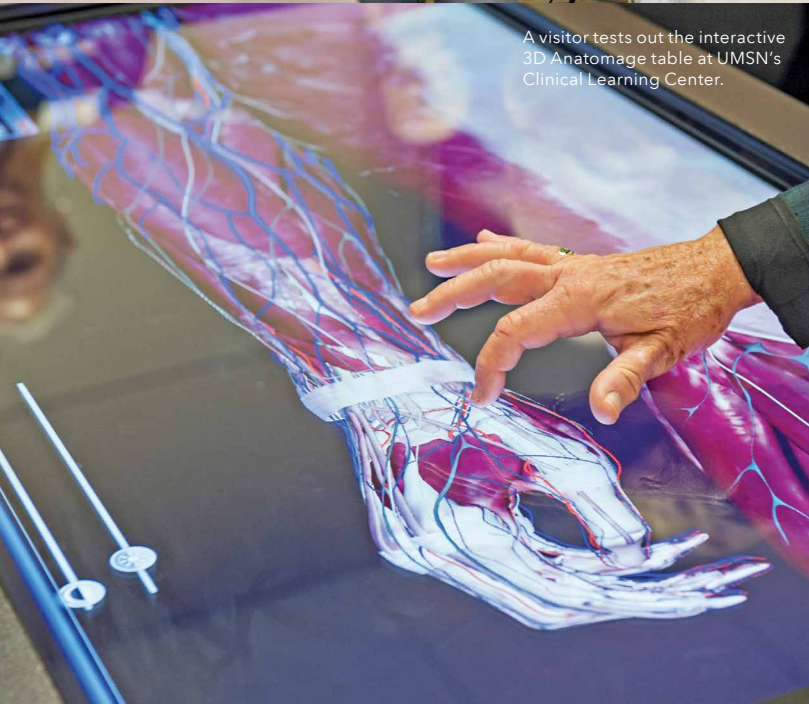
The University of Michigan School of Nursing Reunion on October 27 was filled with laughter, memories and friendship. School of Nursing alumni came together during homecoming weekend to reconnect and celebrate their milestone reunions. They engaged in tours of the new School of Nursing Building including hands-on demonstrations in the Clinical Learning Center. The luncheon included a presentation by Dean Patricia D. Hurn, and a celebration of the inaugural Distinguished Alumni Award honoree. Attendees enjoyed the opportunity to interact with faculty members, past and present, as well as current nursing school students.



View more 2017
Homecoming photos
at myumi.ch/aMXnz

Linda DiClemente, Clinical Learning Center staff member, demonstrates a baby mannequin's capabilities with Eileen Stoor, BSN '67, MS '81, Diane Mohney, BSN '67 and Linda Cook, BSN '67.

CLASS NOTES



A visitor tests out the interactive 3D Anatomage table at UMSN's Clinical Learning Center.



Current UMSN student Warren DeLong and Marilynn Magoon, BSN '56.



Current UMSN students Rebecca Singer, Jenna Swets and Katherine Powers look at a 1955 U-M nursing garment with Dean Patricia D. Hurn.



Gail Griffin, BSN '77 and UMSN faculty Jade Burns, Ph.D. '16, BSN '06.



Class of 1957, celebrating their 60th reunion

Back row, left to right: Barbara (Eyre) Hoenecke, Jane (Kline) Roberts, Jane (Pettengill) Hofstra, Charlotte (Rhodes) Cowdin, Beverly (Arnovitz) Saeks, Loretta (Hanson) Prentice, Bobbie (Johnson) Patterson.

Front row, left to right: Shirley (Walter) Dunbar, Barbara (Shilling) Johnson, Kay (Davenport) Collins, Nancy (Bruneau) Roberts. Dunbar holds a photo of Clarice (Wicks) Cox, who was unable to attend.

Attended but not pictured: Shirley (Brady) Collins.



Class of 1967, celebrating their 50th reunion

Back row, left to right: Fran (Causey) Mayes, Judy (Vierling) Lane, Barbara (Gould) Polacsek, Dora (Wyngarden) Diephouse, Jean (Richards) Harty, Lucy (Brink) Hallock, Ginny (Jensen) Lavender, Sue Goodwin Peyron Jennifer (Wilson) Saye, Merrily (weber) Evdokimoff, Susan (Hunt) Hughes, Karen (Running) Spagnoli.

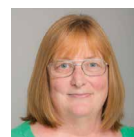
Middle row, left to right: Patricia (Cook) Quindt, Nancy Schultheis-Krebs, Theresa (Tomasik) MacLean, Linda (Scott) Cook, Jan (McKay) Turner, Jean (Hayward) Beaubien, Diane Mohny, Sharon Fox.

Front row, left to right: Diane (Lutvak) Silverstein, Margie Thumm, Eileen (Bickel) Stoor, Joanna (Lovett) Copes, Sue (Chalfant) Krampf.

ALUMNI AWARDS AND ACCOMPLISHMENTS

Beth LaVasseur (BSN '85, MSN '94) was promoted to executive director of oncology for Saint Joseph Mercy Health System.

Nancy Hart (BSN '66) received the National Institute of Neurological Disorders and Stroke's Merit Award for her coordination of the Brain Attack Coalition at the National Institutes of Health over the last 20 years.



The American Association of Critical-Care Nurses (AACN) selected Margaret L. Campbell (Ph.D. '06) as its 2018 Distinguished Research Lecturer. It is one of AACN's highest individual honors.



Linda R. Cronenwett (Ph.D. '83, BSN '66) was named as one of five Living Legends by the American Academy of Nursing (AAN). This is the AAN's highest honor.

Susanne A. Quallich (Ph.D. '17), ANP-BC, NP-C, has been appointed editor of the Urologic Nursing Journal. She will begin her role as the journal's editor with the January/February 2018 issue. Quallich is an andrology nurse practitioner in the Division of Andrology and Urologic Health Department of Urology at Michigan Medicine.



Ph.D. alumna, HM (Huey-Ming) Tzeng, was appointed dean of the College of Nursing at the University of Saskatchewan. Tzeng began her five-year appointment this fall after serving as the dean of the Whitson-Hester School of Nursing at the Tennessee Technological University.

"It's an exciting opportunity, and I am honored and humbled," said Tzeng.

Photo provided by the University of Saskatchewan.

We want to stay in touch with you. Update your contact information today at leadersandbest.umich.edu/alumni_update

  Join the **University of Michigan School of Nursing Alumni Group**

FACULTY ACCOLADES



Research on fall injuries of older Americans earns UMSN faculty recognition as up and coming researcher

Assistant Professor Geoffrey J. Hoffman, Ph.D., MPH, was selected for the 2017 James G. Zimmer New Investigator Award from the American Public Health Association (APHA) Aging & Public Health Section.

The award is given to new investigators in recognition of demonstrated and expected future excellence. It is intended “to recognize and further the careers of future leaders in research.”

Hoffman received the award in connection to his manuscript “Underreporting of Fall Injuries by Older Americans: Implications for Fall Risk Screening during the Medicare Annual Wellness Visit.” He was presented with the award during APHA’s annual meeting in Atlanta, Georgia.



UMSN associate dean earns prestigious research award

Janean Holden, Ph.D., RN, FAAN, associate dean for Research and Rackham Graduate Studies at UMSN, received the 2017 Welch/Woerner Path Paver Award from the Friends of the National Institute of Nursing (FNINR). The esteemed award honors a mid-to-late career nurse scientist who has achieved breakthroughs in research and positively influenced the next generation of nurse researchers.

Holden has developed an impressive body of research focused on brain mechanisms that modify pain in the spinal cord, with emphasis on the hypothalamus and norepinephrine system, and chemotherapy-induced neuropathy. Holden has achieved significant findings in understanding the structure and behaviors of the system, related pain, and drugs that promote pain relief. Her efforts have also led to the translation of this work to patients and improvements of their care and outcomes.



Four from UMSN inducted into the American Academy of Nursing 2017 class of Academy Fellows

The American Academy of Nursing inducted 173 distinguished nurses into its 2017 class of fellows during its annual policy conference in Washington, D.C. in October. Among those inductees were UMSN Dean Patricia D. Hurn, clinical associate professor Stephen Strobbe, Ph.D., RN, and UMSN alumni Anne W. Snowden (Ph.D. '00) and Elizabeth A. Schlenk (Ph.D. '94).

Fellows were selected based on their significant contributions to nursing and health care, and in particular how their career has influenced health care policies.

NEW APPOINTMENTS



Cynthia Arslanian-Engoren
Ph.D., RN, ACNS-BC, FAHA, FAAN
Associate professor

Named associate dean of Faculty Affairs and Faculty Development



Sue Anne Bell
Ph.D., FNP-BC
Associate professor

Appointed to the Emergency Nurses Association's National Committee for Emergency Preparedness



Julia Seng
Ph.D., CNM, FAAN
Professor

Named UMSN associate dean of Strategic Affairs

STUDENT LIFE

Act two: A family's purpose

Written by Kate Wright

When Chanda (BSN '12) and Brandon Perry decided to go back to school, they knew it would test their mettle. The married couple had spent more than a decade working decent-paying automotive and clerical jobs to support their family, but neither had a career. That wasn't an issue for the Perrys until Michigan became ground zero for the Great Recession.

It was 2009, and the worst economic crisis since the Great Depression was wreaking havoc on American families. The Perrys were raising three young children, the economy was in shambles, and jobs that paid a living wage were evaporating.

The Perrys went into problem-solving mode, foreshadowing their future in nursing, where problem-solving skills are the calling card of excellent nursing practice.

"We looked around the economic landscape and decided nursing gave us the best opportunity to make a good living and make a difference," said Brandon Perry.

"Early in our marriage, Brandon said, 'I want us to figure out what our purpose is as a family,'" Chanda Perry explained. "It turned out to be nursing."

The call to nursing

When the Perrys' children were small, Chanda Perry ran an in-home daycare, and cared for kids with various needs.

"I took children in from homeless shelters and often had sick kids," she said. "I had a child with special needs, one who was on the autism spectrum and one with a history of epilepsy. I had to learn a lot of things so I could support their parents, who were mostly single working moms, who didn't get a lot of support from their employers."

Brandon Perry's exposure to nursing came through his work as a transporter at Michigan Medicine, where he worked part-time in addition to working at the automotive plant. His hours at the hospital grew as the economic crisis dragged on and his hours at the plant became inconsistent.

"I started watching ID badges at work, trying to see who's who," Brandon Perry said. "I saw that nurses do so many different things."

But before they could enter into one of the most trusted and seemingly recession-proof professions, there was a long, difficult road ahead for Brandon and Chanda Perry.

Brandon Perry, having dropped out of high school, had to get his GED, then handle his science prerequisites before he could apply to UMSN. Chanda Perry already had a bachelor's degree, so she began the science prerequisites, then entered UMSN's accelerated BSN program in 2011. While Chanda Perry committed full time to the academic program, Brandon Perry has continued working full time through his program.

"So many times I would get off work, pull in the parking lot, get an hour of sleep in the car, then go to class," Brandon Perry said.

It was a trying time, but their children (they have three daughters, now aged 25, 18, and 15), and their purpose as a family remained their motivation.

"How can you say with your heart that school is important and you don't even have your GED," said Brandon Perry. "So one of the biggest motivations for me was to live the example."

Harder than school: Managing motherhood and finances

As challenging as the accelerated program was, the hardest part for Chanda Perry was not the classes.

"My biggest place of anxiety were my kids," she said. "I had to check out from my family for a year. I just didn't know how I could do that."

Encouraging stories from friends who had experienced their own mothers returning to school when they were young made Chanda Perry realize that her kids would be okay.

"What I didn't expect, but appreciated, was the different type of relationship that Brandon and the girls had when I was done. That connection they had has stayed even up until now," Chanda Perry said.

Finances were hard as well, especially when Chanda Perry's unemployment benefits ran out and her car broke down during her clinical rotation. They had to make it work with one car.

"She would drop me off at work in the evening, come get me in the morning, then I'd bring her to school and sleep in the car until she got out of class," Brandon Perry explained. "Then we'd drive to her clinical site if she had to, then we'd pick up the kids."

"We spent that semester in the car," Chanda Perry remembered with a laugh. "We had moved in with my parents, to provide stability

"I've always done a lot of things in the community, and I want to be more engaged. I think I could do that through community health."

-Brandon Perry

for our kids, but we were always in the car, with blankets and everything."

Standing in the gap

Today, Chanda Perry is an emergency room nurse at Michigan Medicine. She loves helping patients navigate life-changing events, and part of that is increasing their trust in the medical establishment.

"My mom's family is from Selma, Alabama," Chanda Perry said. "My mom grew up during a time when there was nowhere to go for health care. So I saw my family dying when it wasn't necessary."

"I saw a lot of fear about anything related to health care, hospitals, or physicians and nurses," she explained. "I feel like I have a burden to stand in the gap and help open people's minds when fear is in the way."

Chanda Perry's front row seat on health disparities gives her a clear view of the importance of a diverse nursing workforce.

"When you are dealing with things that are hard, you want to find people who are like you," she said. "That's what support groups are all about."

Support at UMSN, and for future students

Support for Brandon Perry, as he navigated his return to school, has been strong. Classmates and professors have become 'Team Brandon.'

"I have a team behind me," he said.

The Perrys are heartened by the school's recent effort to support and recruit minority students who have taken non-traditional pathways to nursing.

Chanda Perry notes that minority students often need unique kinds of support.

"Minority students are often first generation students, and they don't understand what a common challenge is," she said. "Students feel like maybe this is too much for them, but really it's something that's hard for everyone. I hope that I can help them navigate through some of those challenges."

The family that studies together

Brandon and Chanda Perry celebrated 20 years of marriage on November 2, 2017. Despite their obvious differences - her thoughtful calm to his kinetic energy, her natural reserve to his exuberance - the Perrys radiate the love and commitment they have for each other.

"Brandon's very personable," she said. "When he comes in the room, everything lights up."

Brandon Perry attributes the success of their marriage to their flexibility and their shared goals and faith. In addition, they believe that seeing them persevere and earn degrees at one of the top schools in the country has been good for their daughters.

The example seems to have worked. Their second daughter will graduate from high school this April, and is headed to college, with plans to become a pediatrician.

Brandon Perry recently completed his clinical rotation with a focus on community health.

"I've always done a lot of things in the community, and I want to be more engaged. I think I could do that through community health," Brandon said.

Brandon Perry is set to graduate in April 2018, joining his wife as the second UMSN nurse in the family.

Their vision for the future has become a reality. ■

RESPONDING TO DISASTERS

In September 2017, Sue Anne Bell, (Ph.D. '14), FNP-BC, got a message to pack her bags immediately and prepare to be deployed as part of the federal government's response to Hurricanes Irma and Maria. Irma was churning across the Caribbean leaving catastrophic damage in its wake as it headed towards Florida and Maria, not far behind, would soon hit Puerto Rico.

Written by Jaime Meyers

Bell, a clinical associate professor at the University of Michigan School of Nursing (UMSN) and longtime member of a disaster medical assistance team (DMAT), had responded to hurricanes before but this time was different.

"Normally we're expected to commit to two weeks," said Bell. "This time it was a month."

Bell was skeptical she would be gone that long, but that's what happened. She and fellow responders from across the country converged in Washington, D.C., and were flown on a military jet to Orlando. They landed after the airport closed and made it to their hotel just before the storm hit.

"I've been in hurricanes before, but never like this," said Bell, a Florida native. "It was definitely the scariest one I've been in."

When the worst of the storm had passed, Bell was assigned to one of the overwhelmed hospitals.

"We had a quick training, then started picking up charts and seeing patients," she said.

Bell saw a wide variety of patients during that time, from those who suffered injuries in the storm, to people with the flu who didn't want to stay home in the Florida heat without electricity and running water. Bell said the sheer number of that type of patient was a key factor in overwhelming the hospitals.

"It's important for those patients to get that respite, but it's not something emergency rooms are prepared to handle."

For nearly two weeks, Bell and fellow team members worked 12-hour shifts, slept in a conference room packed with 30 hospital beds and shared one shower.

Just as things were calming down in Florida, Hurricane Maria was barreling towards Puerto Rico. Bell was redirected to Atlanta, which had become a staging area for the federal command center. Bell spent several days in Atlanta in one of the most frustrating elements of the experience.



"Communications were wiped out and we had to wait for the needs assessments to determine where teams needed to go," she explained. "It was frustrating because if I'm going to be gone from my family for a month, I want to be busy doing worthwhile things. Just waiting in a hotel room and knowing there are people who need help was mental torture."

When Bell arrived in Puerto Rico, she was stunned by the scene.

"The conditions were dire," she said. "Buildings were destroyed, everywhere we went there were power poles on the ground and wires hanging everywhere."

Bell was assigned to a sports arena about an hour outside of San Juan.

"We set up a 150-bed medical station from a huge jumble of boxes in a setting with no power and no running water," she said. "We used water from a decorative fountain to flush the toilets. Our patients started trickling in and by the end of two weeks, the station had seen more than 1,300 patients."

"It was just a grueling experience," she said. "There were so many inefficiencies. We had to sleep with hundreds of people coming and going through all hours of the night and strangers snoring right next to you. Low-sodium MRE's (meals ready to eat) were the only food we had to eat."

Bell primarily staffed the acute care set-up, but she also saw a number of patients who needed help related to medical supplies, such as at-home oxygen.

"There was one woman who said her insulin was floating in a cooler of warm water and needed a refill," Bell said. "Her blood sugar was really high. She said she knew she wasn't following her diet when she ate a donut that morning, but that was all the shelter had and she needed to eat, so she ate it."

The patient began to cry and so did Bell.

"I'm a highly-trained disaster response professional, but I'm also a community



health nurse," she said. "Disasters happen at the community health level and that's why they need that experience and expertise."

Bell says most of her frustration during the month-long mission was due to the logistics and slowness of the response.

"The response would have challenges no matter what," said Bell. "They were compounded because Puerto Rico is an island. You can't easily bring the utility and tree removal trucks that are needed to clear the way for the medical teams and supplies. This is not about being political, but we could have done better."

That's why Bell is committed to improving how data is collected, analyzed and used in disaster response planning. It's the focus area of her research at UMSN and as a scholar in U-M's Institute for Healthcare Policy and Innovation (IHPI) Clinician Scholars program.

"There's always going to be an element of disorganization in a disaster," she said. "But, we are missing data we can learn from. Disaster science largely relies on after-action reports and case studies, rather than larger scale data we can analyze."

It's a concern Bell plans to address in her new position as a health scientist on the Federal Emergency Management Agency's (FEMA) National Advisory Council. She was appointed to a three-year term in August.

"I'm hoping to underscore the need that to really make progress we need to stop relying on after-action reports and start building measurable data," Bell said.

A key area where Bell is working to shine a light is the impact of disasters on health beyond the immediate, acute-care cases. For example, in one study she found that in the time period of 3-30 days after a rash of tornadoes hit the Midwest and Southeast, hospital admissions for older adults in those areas rose by four percent compared to the other 11 months of the year. That means hundreds of additional hospital admissions. Bell believes a significant reason for the surge is because chronic health needs, such as care for diabetes and hypertension, were not properly met while the communities recovered from the tornadoes.

Bell points to her diabetes patient with the warm insulin in Puerto Rico as an example.

"To give individual-level attention, you need to have the larger planning to implement that type of care," she said.

Bell is an advocate for increasing disaster response education for nursing students and practical training for practicing nurses.

"Disasters are always a threat," she explained. "One central tenant of disaster response is all-hazards preparedness. Even if you don't plan to deploy to a hurricane zone, the disaster could come to you, whether it's a natural disaster or a mass shooting. Having some personal and professional disaster training is something all nurses should think about."

While research and planning are Bell's key focus areas, she has no plans to stop providing first-hand care.



"Responding to disasters informs my research," she said. "It's incredibly valuable to get the experience that comes with actually being at a disaster."

It's also a way to connect with the very reason she became a nurse.

"I knew I wanted to do something that helped people," she said. "My older sister is a nurse. I visited her in Nepal when she was in the Peace Corps while I was a freshman in college. That was my first real experience seeing true poverty. I knew then I wanted to do global health work and I was really inspired to address preventable issues."

Bell says it is the interactions with people that keep her motivated during the arduous times.

"Every patient I saw thanked me," she said. "We entered their community and they immediately made us feel welcomed and supported. For all the frustrations and inefficiencies, it was incredibly rewarding. I also learned an enormous amount." ■



Jenessa Rooker pictured with her colleagues at Tampa General Hospital during Hurricane Irma on September 9, 2017. Back row (left to right): Sarah Peat, Jessica Browning, Debbie Layton (nurse tech) and Samantha Paradis (nurse tech). Middle row: Jenessa Rooker, Bianca Lopez, Erika Haynes, Penny Thompson, Kaileigh Roysden, Kelsey Conrad and Ariana Neddermann Carrillo. Front row: Karen Batista, Stephanie Zenko, Jaisha Miller and Emily Dare.

Nursing in the eye of the storm

UMSN alumnae recounts her Hurricane Irma experience

Written by Jenessa Rooker, BSN '15

I remember being taught about disaster preparedness at the University of Michigan School of Nursing, but I never knew that just a couple of years after graduating I would be putting what I learned into practice.

On September 9, Hurricane Irma came ashore in my newly adopted hometown of Tampa, Florida. I moved here after graduating from UMSN in 2015, and I have been working as an oncology nurse at Tampa General Hospital for the past two years.

When I began my career at Tampa General Hospital, I agreed to work on Hurricane Team A—the nursing team that stays at the hospital during a hurricane. We don't leave until after it's safe to travel on the roads. Our stay can last up to five days.

Once it became clear that Hurricane Irma was indeed going to hit Tampa, the hospital informed me that Team A was being activated. I had 48 hours to prepare my home for the storm, pack my bags and buy food in preparation to stay at the hospital for up to five days.

As my friends and family evacuated north, I stayed behind waiting to go to work. It was an anxious time for me. Where would I sleep at the hospital? What would happen to my apartment? What was the city going to look like after a Category 5 hurricane? I hoped for the best and prepared for the worst.

I reported to the hospital early in the morning on the day the storm was going to hit Tampa. I had my suitcase, pillow,

blanket, my most important possessions and some of my favorite foods. I was greeted by a co-worker waiting outside ready to help me bring my things into the hospital. It was then that I realized I wasn't alone and we would get through this stressful time together. Our team was ready to do what we do best: provide the best possible care for our patients.

We began by discharging as many medically stable patients as possible while it was still safe to travel. If patients didn't have a safe place to go they could of course stay, or we were informed that Uber was giving free rides from the hospital to shelters nearby for patients. Our census was lower than normal, which left some rooms for the staff to sleep in. There were staff members in each room all utilizing their own air mattresses and sleeping gear. There were staff in offices, hallways, waiting rooms and anywhere that was vacant. It was like camp or college having everyone hunker down together like that. The added sense of camaraderie made me love nursing even more. I was doing what I love—caring for patients—and I was with a great team of co-workers.

There was a hurricane board that met with the leadership team multiple times per day with updates on the storm's path and the hospital's plan. We were well informed, which helped the nursing team keep patients calm.

Even though it was extremely stressful and hard for us to leave our friends, families, animals and homes, we were still nurses and this was our duty. The nurses, doctors, housekeepers, dietary staff and even the CEO and CFO all came together to take care of not only the patients and families, but also each other. We worked hard to keep everyone calm and make them feel secure during this natural disaster.

On Monday, September 11, after 60 hours at the hospital, it was finally safe to leave. Team A was elated.

I was fortunate. When I returned home finally, I had power and my apartment was damage free. It was stressful, but I was honored to carry out my duty as a nurse during a natural disaster. ■

My Beginnings

Tanya Vaughn (MS '12),
CNM, FNP-BC

Tanya Vaughn is dually certified as a nurse midwife and a family nurse practitioner working at Partridge Creek OBGYN in Macomb, Michigan. She earned her BSN from the University of Michigan-Flint then went on to the University of Michigan-Ann Arbor to earn her dual midwife/family nurse practitioner degree, where she was a Terri Murtland scholarship recipient in 2010. She earned her Doctor of Nursing Practice degree at Wayne State University-Detroit. This is the story of her journey in her own words.



Tanya Vaughn at her office
in Macomb, Michigan.

I had always wanted to be a nurse, however, after I had two children I pushed aside my desire to be a nurse to care for my family. I was a single mom working in a dental office and did not see a way to attend college. One day a patient failed to show up for one of her appointments, so I called to check on her. That call changed my life.

The patient started crying and telling me that she was a busy nurse who forgot about her appointment. She talked about how the world needs more qualified and caring nurses. Little did she know she was speaking directly to my heart and soul.

As I thought about where I was in life, I realized that I could make nursing school a reality, but when I began my journey I never knew I would end up where I am today as a nurse-midwife.

The experience of earning my BSN was intense and was demanding of my time. The days were tough as I worked two part-time jobs in order to have flexibility with my class and clinical schedule. Sometimes, I would sit in the back of the class with my baby and toddler trying to keep them busy with snacks and toys as I learned the theoretical underpinnings of nursing. I was like a sponge—soaking up as much as I could.

When I got home in the evenings I would put my kids to bed and then get to the work of studying and preparing for the next class or clinical experience. It was a difficult time for me. I missed my kids; I was sleep deprived; I was working as many hours as possible at my jobs; and there was so much to learn in nursing school every day.

As graduation approached, I began working as a graduate nurse on a cardiac unit. While I learned a great deal about caring for people, I realized that my passion was women's health. A year and a half after graduation I started working as a nurse in labor and delivery at the University of Michigan Family Birth Center. I immediately knew that I was doing what I was meant to do. I realized how nurses support women during their labor and help them have a meaningful birth. I was able to observe how nurse-midwives function, and found a deep connection related to the care that's provided to women and their families.

One night I had the honor of caring for a woman who was experiencing a relatively fast labor. Her provider was called to the room, but the baby didn't want to wait. I was left to assist with the birth of her child!

This moment called to my spirit. I had experienced this calling when I decided to pursue my BSN. The next day I had a discussion with Lisa Kane Low, Ph.D., CNM, who was the director of the nurse-midwifery program and was admitted to the nurse-midwifery program at UMSN shortly thereafter.

When I graduated from the nurse-midwifery program I realized that I was in a perfect position to change women's lives. I can offer education about choices available, while protecting their autonomy within a circle of safety. I can provide evidence-based care that improves health outcomes for the women I serve. I currently work as a full-scope nurse-midwife in Southeast Michigan improving women's lives one encounter at a time. I know that I make positive differences every day. ■

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