

inside

VIEW

University of Michigan
Health System

A LOOK INTO THE WORLD OF HEALTH SYSTEM FACULTY AND STAFF

PROFILE

IN THEIR HONOR

Performing the
everyday miracle

Bob Merion, M.D., professor of surgery, U-M Transplant Center, is part of the dedicated, multidisciplinary team of approximately 125 health care professionals who work on the U-M transplant team. The team performs nearly 400 organ transplants each year in both children and adults.

When Bob Merion, M.D., describes the first liver transplant performed at U-M in the mid-80s, he remembers the surgery took about 17 hours. There were only a handful of hospitals doing liver transplants and Merion had just completed a two-year fellowship in England to learn the delicate process of taking a donor organ, connecting it to a patient, sending oxygen and blood through it and watching a miracle take place. What strikes Merion now is how many people appeared in the team photo after the successful operation—about 40.

"There isn't a typical kind of person who works in transplant, but the one constant is that you're always part of a team," says Merion, professor of surgery, U-M Transplant Center. "It's a multidisciplinary field and involves everyone from the surgeon to physicians to coordinators, social workers, P.A.s, perfusionists and dietitians." Together, the team performs "the everyday miracle," a phrase coined by Jeff Punch, U-M Transplantation Division director, to describe the process of giving a patient a second chance for a healthy life.

Still, the transplant community is a small and tight-knit group. Merion was participating in a meeting overseas when news came about the loss of the transplant team after their plane crashed last June. He quickly revised his presentation to include a slide honoring his six colleagues.

"It wasn't just a plane with six people, it was a plane with six friends. There was tremendous sympathy and an outpouring of support about the loss of our teammates," Merion says.

Merion now works in memory of his friends and is reminded of them daily. In surgery, he thinks of fellow surgeons Martin Spoor and David Ashburn. He is reminded of Ricky LaPensee and Richard Chenault when he hands an organ to a perfusionist. And when he's flying, he is reminded of pilots Dennis Hoyes and Bill Serra. Merion is a pilot himself and is part of the U-M Flyers club. He flies for enjoyment and tries to get up in the air every few weeks.

Merion spends much of his time advancing transplant medicine through research on living donors and long-term health outcomes, including a federally-funded program to help living donors recoup travel costs and pursuing legislative changes on behalf of his patients. He says it's the approximately 98,000 people waiting for a transplant that drives those in transplant medicine to risk their lives to save others.

IN THIS ISSUE

Special: Celebrating Nurses
Nursing Blitz
pg 3

Nursing Goes Lean:
Tag Team TLC
pg 4

School's In
pg 4

House Caller
pg 5

Let's Go Daisy
pg 5

What Our Patients Are Saying
pg 5

From Bench to Bedside:
Happy Trials
pg 6

These Booties Were
Made for Walkin'
pg 7

Talking Shop:
How Medical Students Learn
to Interact with Patients
pg 7

Taking Care of Our Own:
Spring Into Fitness
pg 8

Remembering
those we lost.
June 4, 2007



David Ashburn, M.D.



Richard Chenault II



Dennis Hoyes



Ricky LaPensee



Bill Serra



Martinus (Martin) Spoor, M.D.

about inside VIEW

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("Insideview" in GroupWise)



LETTER FROM THE EDITOR

Kudos to the more than 10,000 employees who took the 2008 Employee Engagement Survey and provided valuable feedback.

You might be asking yourself "What now?" Well, now is when we work toward improvement and shaping the ideal employee experience.

After the survey closed in March, a team from Health System Quality Improvement compiled the data, and produced and distributed reports to managers and directors for analysis and discussion. In addition, the QI team analyzed the overall results and presented its findings

to senior leadership.

Supervisors and managers receive unit-specific data to use in identifying areas of strength—including improvements since the last survey—and weakness—including specific issues and general problem areas. They also use this data to guide work toward improvement. Senior leaders use the results in the same way at a broader organizational level and share their feedback via Global User e-mail. Managers are expected to share unit-specific results directly with their teams.

If you haven't heard your unit's results yet, talk to your

supervisor. It could be that your supervisor hasn't yet received the results from her/his supervisor. This is especially likely in large departments with several layers of management. Another possibility is that your workgroup is too small to get unit-specific results. If there are fewer than five people in your unit, your group's responses have most likely been rolled up into a larger reporting unit that contains your area. Whatever the reason, the most direct route to the answer is checking in with your supervisor.

—Allison Krieger, editor

KEEP YOUR HANDS CLEAN



Four out of five germs that cause illness are spread by hands. According to the Centers for Disease Control and Prevention, hand hygiene is the single most important means of preventing the spread of infection. Wash up!

AROUND UMHS



Did you know that since 2006 all visitors to Mott Hospital, the Women's Birth Center and our Holden Neonatal Intensive Care Unit have been required to wear a visitor's badge to maintain a safe and secure environment? There are two badging stations on Mott Level 2 where staff provide visitors with ID, conduct health screenings, validate visitor parking, direct patients and visitors, and answer questions. The stations also have basic first aid and AED (automatic external defibrillator) devices on hand for emergencies. About 4,750 people go through the badging stations weekly. Questions? Stop by a station or visit:

www.med.umich.edu/mott/pvguide/visiting_tag.html

Volunteer Services is bringing back a way finder program

designed to provide escorts to patients, family members and guests to their destination upon arrival at Medical Center facilities. Though training is ongoing as new volunteers sign up, way finders are now stationed throughout Medical Center building entrances and hot spots, ready to help those in need. Training takes two to three weeks. If you want to volunteer or suggest a location where way finder volunteers should be stationed, call 734-936-4327 or e-mail:

umhs.volunteer@umich.edu

Parking & Transportation Services has launched GreenRide—a Web-based, ride-matching system that makes carpooling easy.

Go online, create an account and the system matches you with other interested employees who share your schedule and commute route. Carpooling saves money, reduces parking and traffic congestion on campus, and improves the quality of the air. Need more incentive? Between July and December 2008, all new carpoolers who sign up through GreenRide will receive a 10 percent discount on their shared parking permit expense and be eligible to win a \$25 gas card. Visit:

www.umich.greenride.com

**Inspired by
YOUR SUGGESTIONS**

In honor of National Nursing Week, *Inside View* takes a look at the scope of work performed by nurses across the Health System. From lean projects to visiting nurses to providing care and comfort for patients and their families—nurses truly demonstrate the Michigan Difference every single day.

**CELEBRATING
NURSES**

there is no one like a
NURSE



2



3



4



5



6

NURSING BLITZ

The annual Nursing Blitz took place in January to facilitate the completion of annual competency and mandatory education for both inpatient and outpatient nurses. During the eight-day blitz, 3,500 staff completed nearly 46 mandates/competencies based on demos and in-services.

1. Pepper Lea Lounds, R.N., reviews the function of the pacemaker.
2. Tom Ferguson, R.N., exits the movie-theme blitz in the Towsley Center.
3. Lisa Danielson, R.N., E.N.C., dressed as Charlie Chaplin, helps with way finding and staffs the check-in and check-out stations.
4. Tiffany Lynn Fielder, R.N., demonstrates her skill at the ventriculostomy/ICP monitoring station.
5. Nurses observe a demonstration.
6. Phyllis Patterson, M.S., APRN-BC, AOCN, CNS, assists a nurse review which competencies she's completed.

NURSING GOES LEAN



Nurses Julie Grunawalt (left) and Deby Evans (right) talk with a patient during the bedside report process.



Left to right: Donna McClish, R.N., B.S.N., Deby Evans, R.N., Sandra Kendziora, R.N., lean coach Kate Bombach and Julie Grunawalt, M.S., A.P.R.N., B.C.

CELEBRATING NURSES

TAG TEAM TLC

5B Internal Medicine bedside report project

"I love it," says Deby Evans, R.N., of the new bedside reporting method implemented on the 5B Internal Medicine unit. "We got out of the conference room and to the patient's bedside," adds Michigan Quality System lean coach Kate Bombach.

Previously, the 5B nurses took a traditional approach to shift-to-shift reporting by meeting in a conference

room where all the outgoing shift nurses gave all the patient care updates and instructions to the incoming nurses at once. Now, nurses meet at the patient's bedside to hand off information, introduce the new nurse to the patient and clarify any issues.

Evans, who was one of 15 nurses involved in implementing the new design, says, "You see your patients much quicker, prioritize your plan of care much more quickly, and know how to organize your day. Plus, anything that

includes the patient is great."

And according to Marge Calarco, Ph.D., R.N., patients like it, too. Calarco is senior associate director of Patient Care Services and chief of Nursing Services for the Health System.

"We're already seeing the positive impact on patient satisfaction on 5B, which reflects the impact of bedside reporting and hourly rounding," Calarco says.

5B was one of the first units to implement hourly nursing rounds.

Calarco says, "I want to thank Julie Grunawalt, M.S., A.P.R.N., B.C. (clinical nurse specialist), Donna McClish, R.N., B.S.N. (nurse manager) and Sandra Kendziora, R.N. (nurse supervisor) for their leadership and applaud the entire nursing staff for being pioneers in this wonderful work. This is a reflection of Nursing at Michigan at its best!"

"This wonderful initiative provides a forum for direct communication—and an opportunity to dialogue about patient care issues with each other," says Christopher S. Kim, M.D., M.B.A., clinical assistant professor, Internal Medicine and Pediatrics. "The patients are the ultimate beneficiaries."

Kim, Robert Chang, M.D., nurses McClish and Grunawalt, and lean coach Bombach are piloting several lean initiatives.

5B lean teams also are tackling the discharge process. They already have standardized the nursing shift-to-shift discharge communication process, use whiteboards to communicate patients' anticipated discharge dates, schedule follow-up appointments with the patients—and, building on the bedside reporting project, use a bedside discharge process.

UMHS + U-M School of Nursing = Nursing Excellence

When it comes to collaboration, the U-M Health System and School of Nursing model best practices.

"Our goal is to provide the highest quality nursing care," says Marge Calarco, Ph.D., R.N., senior associate director and chief of Nursing Services, UMHS. "The best way to recruit and retain talented nurses is to provide diverse, innovative career development opportunities and create empowered practice environments."

Two efforts under way to foster professional development and scholarship in the U-M nursing community are:

- The Center for Professional Development and Mentoring, which offers career coaching for nurses,

and is a doorway to a variety of services including mentoring and career assessment. Learn more: www.nursingcareerdevelopment.com

- Excellence in Nursing Clinical Scholarship and Education—a partnership between the Health System and School of Nursing to advance and unite clinical scholarship, practice and education. With a focus on integrity, excellence, respect, accountability, diversity and initiative, this program reinforces the values defined by the Health System's seven strategic principles. Learn more: www.nursing.umich.edu/nursingExcel

"Programs like these will have significant impact on the quality of patient

care, the education of future nurses, and the ability to recruit and retain the best nurses," says Kathleen Potempa, D.N.Sc., R.N., F.A.A.N., dean and professor, U-M School of Nursing. "We are fortunate to be part of an institution that appreciates and fosters opportunities for collaboration."

@ ON THE WEB Nursing at UMHS: www.med.umich.edu/nursing; U-M School of Nursing: www.nursing.umich.edu; UMHS Strategic Principles: www.med.umich.edu/strategic/princ.htm.



housecaller

Michigan Visiting Care:
Nurses bring the Michigan
Difference to patients



Meghan Salter lies in her bed in a sunny room at the back of her Dearborn home. She is 5 years old with blond hair and pink cheeks. She's also completely unable to move on her own because of an enigmatic neurological disorder.

That's where Michigan Visiting Care comes in. Within the comfort of the Salter home, a private-duty home care nurse checks Meghan's vital signs, trach tube and ventilator, and provides the compassionate care that distinguishes the visiting care program as an important part of the Michigan Difference.

She braids Meghan's pigtails, wipes tears from her eyes and rocks

Five-year-old Meghan Salter is cared for in the comfort of her own bedroom by one of the private-duty home care nurses from Michigan Visiting Care.

her in a chair—anything she can do to keep her content. She is one of several U-M private-duty nurses who treat Meghan throughout the day. This allows Mike and Ellen Salter to take some breaks, knowing that their daughter is in good hands.

"These nurses are part of our family," says Mike Salter.

Michigan Visiting Care nurses work full- and part-time shifts, as well as contingent positions—sometimes in addition to their existing duties—to provide the round-the-clock care their patients require.

"It's a job you really have to be passionate about," says one MVC nursing supervisor, "and you have to be willing to get attached to families and love them like they're your own."

**CELEBRATING
NURSES**

let's go DAISY

Exceptional nurses,
respected healers

When Sharman Lamka's husband, Philip, passed away in June 2005 after battling lung disease, she wanted to make sense of the loss and find a way to give back. She learned about a national program, the DAISY Awards, created to honor the compassionate care and hard work nurses do every day. Lamka brought the DAISY Awards to the Health System in January 2007 and currently sponsors the monthly award for extraordinary nurses like those who cared for her husband. She nominated the first recipient:



David Caraballo, the R.N. who cared for her husband during his final days.

"One of the things that makes DAISY Awards so meaningful to nurses is that the winners are nominated by patients and family members who recognize and appreciate the nursing care

Left: Diane Setlock, R.N. Right: Sarah Bazakos, R.N., with the family who nominated her for a DAISY Award. Left to right: Bazakos, mom Rhonda Stevens, patient Ernesto Stevens and dad Ernesto Galan.

they provide," says Juanita Parry, R.N., director, Nursing Recruitment and Retention. "It's an amazing experience to be the one nurse at U-M each month who receives the award, especially because the nominations were written at a very difficult time about someone who made a difference."

DAISY Award recipients like Diane Setlock, R.N., of Vascular Access are surprised with an award presentation by Marge Calarco, Ph.D., R.N., senior associate director of Patient Care Services and chief of Nursing Services. In addition to an award certificate and pin, recipients receive a hand-carved sculpture from the Shona tribe in Zimbabwe, Africa.



Titled "A Healer's Touch," the sculpture represents a profound respect for healers. Cinnabon is a partner of the DAISY Awards and provides free cinnamon rolls to the entire team, recognizing that great patient care is a team effort.

"We don't promote the awards in any way," Parry says. "Patients and families see the nomination forms and are touched enough by nursing care to fill them out. It's a testament to the excellent care our nurses provide."

WHAT OUR PATIENTS ARE SAYING ABOUT **our nurses**



■ ■ **DIANE SETLOCK, R.N.** — "She was constantly going above and beyond her call of duty. **I just can't say enough about her exemplary service.** Being a nurse myself, I know excellence when I see it."

■ ■ **MARTHA JENNINGS, R.N.** — "Martha was funny the minute she walked up to my bed. **She was just the right nurse for me.** She showed much concern and was close by when needed."

■ ■ **U-M CANCER CENTER STAFF** — "There are no guarantees in life. **But you have given my mother more hope in her first three days at U of M than the last nine months.** And we can never thank you enough. We will never forget you."

■ ■ **SARAH BAZAKOS, R.N.** — "She allows us to help with our son's care as much as possible. **She takes care of our son as if he were one of her own, which makes me feel comfortable leaving him with her.**"

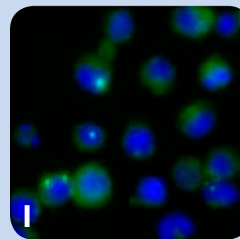
FROM BENCH TO BEDSIDE

HAPPY TRIALS

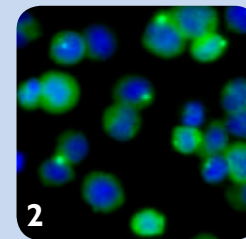
Phase I trial center allows U-M cancer discoveries to move forward



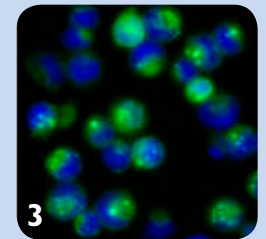
The Ravitz Foundation Phase I/ Translational Research Center is where U-M researchers are discovering potential new cancer treatments and conducting Phase I clinical trials.



Frame 1: Untreated chronic myelogenous leukemia cells.



Frame 2: CML cells incubated with Imatinib, one of the first non-toxic, targeted therapies for cancer.



Frame 3: CML cells incubated with Degrasyn, an experimental drug developed by Talpaz and his group. Green shows the mechanism of action for each drug.

1 The concept

In labs across the U-M Medical School, cancer researchers are discovering potential treatments that show great promise in early studies. Health System officials have long seen the need for a place at U-M where these discoveries can move to a crucial next step: the first clinical trials in people, called Phase 1 trials.

Now the U-M Comprehensive Cancer Center has a place dedicated to conducting Phase 1 trials—the new Ravitz Foundation Phase I/ Translational Research Center, located on the second level of the Cancer Center.

The idea behind the center is to make it possible for researchers to take this first step in the FDA approval process right here at U-M. Phase 1 trials typically test the safety and effective doses of novel therapies in relatively small groups of people. U-M Phase 1 trials aim to learn a drug's biological effects as they happen in the patient's body.

Too often, a promising early discovery in the lab can have difficulty moving into Phase 1. With the new center, the hope is that valuable new drugs and other cancer therapies can reach patients sooner.

2 How the center works

The center offers translational research resources to Cancer Center faculty. It is also open to investigators at other academic institutions and pharmaceutical and biotechnology companies.

The trials typically seek about 30 to 50 participants. The center has six infusion stations. It is staffed with



Moshe Talpaz, M.D., Alexander J. Trotman Professor of Leukemia and director of translational research at the Cancer Center.

five nurses, a nursing director, a team of data managers and a regulatory specialist. David C. Smith, M.D., is clinical director of the new center as well as medical director of the Cancer Center Clinical Trials Office.

3 Three trials under way

There are currently three Phase 1 trials under way at the center. One is testing a new drug to treat patients with chronic myelogenous leukemia. Another tests a new targeted therapy that holds promise for all types of solid tumors. A third trial is testing a drug that targets a factor that contributes

to hematological conditions.

One exciting trial soon to begin will test a drug developed by U-M pharmacologist Shaomeng Wang, Ph.D., co-director, molecular therapeutics program at the Cancer Center. The synthetic molecule, which allows critical cell growth regulator p53 to function, holds promise in

treating many forms of cancer. It is being manufactured by Ascenta Therapeutics, Inc., a company Wang co-founded.

According to Moshe Talpaz, M.D., director of translational

research, Cancer Center, and professor, Department of Internal Medicine, they expect to have 11 trials under way in the center in the next six to nine months. The ultimate goal is to launch 10 Phase 1 trials each year.

4 Next steps toward drug approvals

Phase 1 trials at the center can be expected to last up to two years. If a treatment proves promising, it can move on to Phase 2 and Phase 3 trials. The whole drug approval process typically can take eight to 10 years, but "hopefully less than that for cancer," says Talpaz.



ON THE WEB

To find out more

about the center, visit www.cancer.med.umich.edu/research/ravitz_foundation.shtml.

To learn more about research proposals or enrolling subjects, contact Dr. Moshe Talpaz, mtalpaz@umich.edu, 734-764-8195; or Dr. David C. Smith, dcsmith@umich.edu, 734-936-6884.

THESE BOOTIES WERE MADE for walkin'

Walk in My Booties demystifies the surgery experience and puts patients and families first

When a child needs surgery, the experience can be scary for the entire family. That's why for nearly 20 years, C.S. Mott Children's Hospital has offered operating room tours to families and patients. But for frontline staff who schedule children for surgery and who are often asked about what can be expected during the surgical process, answering questions isn't very easy. So, two years ago, the Patient Family Centered Care Committee teamed up with medical staff in the Mott Operating Rooms, Post-Anesthesia Care Unit, Anesthesia, and Child and Family Life to create the annual Walk in My Booties Tour to help them—and all interested Health System staff—understand the anesthesia/surgical experience.

"In addition to taking the scariness away from patients and

families, we wanted to make sure staff was aware of the resources available to families, so we opened the tour up to them," says Sheila Trouten, B.S.N., R.N., education nurse coordinator in the Post Anesthesia Care Unit.

During the Tour, hosts take staff through the pre-operative, operative and post-operative experiences. Participants meet Child Life specialists, medical assistants, nurses and other medical staff, and have the opportunity to ask medical professionals questions about the experience and observe mock patients at various stages along the tour.

"We've had people who worked here 30 years who had never been down to the Mott Operating Rooms take the tour," says Julie Piazza, Child Life specialist and training coordinator for Child Standardized

Inspired by
YOUR SUGGESTIONS



During the Child and Family Life Walk in My Booties tour, C.S. Mott Children's Hospital patients, families and staff tour the pre-operative, operative and post-operative areas to get a firsthand experience with what happens during surgery.

patient. "Staff who take the tour tell me, 'Wow, I've never really realized the resources you have, or how long it takes for a child to recover'—it opens a whole new perspective and understanding on the services we offer to patients and helps us all work together more effectively," she says.

@ TOUR

Although the Walk in My Booties Tour is an annual event, staff members can make an appointment for a personal tour throughout the year. To do so, call **734-763-2513**.

TALKING SHOP

Standardized patient program teaches important communication skills to medical students

How does a physician learn to talk to patients? By starting very early in medical school with standardized patient instructors.

Standardized patient instructors are people who have been trained to portray a specific patient role, assess students' clinical skills and provide constructive verbal feedback on a student's performance. Topics include medical history taking, tobacco cessation counseling and giving bad news. SPI exercises begin as early as two weeks into a medical student's first year. U-M med students will have 15 of these "patient" encounters by the time they graduate. Students are videotaped during the experience so they can see their strengths and weaknesses firsthand.

Diane Rosinski of Ann Arbor has been an SPI for the past seven years. Her daughter, Amy, then a medical

student and later a House Officer V in Psychiatry and Psychometric Medicine, convinced her to try the program. Mrs. Rosinski, formerly a high school teacher, says, "It's making a difference. The students are evaluated from the minute they open the door to the patient. The students I talk with say that the standardized patient portion of the United States Medical Licensing Examination is



actually easier than what they do here. They're amazed at how well prepared they are." Students must pass the USMLE in order to practice medicine.

Daughter Amy Rosinski, M.D., agrees. She recently joined the U-M Department of Psychiatry as a consultation-liaison fellow and says, "The Standardized Patient Program was invaluable in giving me practice and feedback in interviewing

Members of the community—like Evelyn Piehl, pictured left—have been trained to portray specific patient roles. These individuals act as standardized patients so U-M medical students can practice their clinical and patient interaction skills.

The experience helps prepare students for a similar exercise during the United States Medical Licensing Examination.

medically ill patients, and I now feel very confident in my abilities."

In 1989, U-M was one of the first medical schools in the United States to implement a formal standardized patient instructor program for students. And Michigan is one of a few schools in the nation that uses standardized patients so early, so often and so rigorously.

U-M's SPIs come from all walks of life and range from 14 to 80 years of age.

"Standardized patients are a great way for a medical student to learn how to talk to and examine a patient without risk," says Casey B. White, Ph.D., assistant dean for medical education. "They also give faculty a reliable measurement of a student's clinical skills level and serve as a tool for educational and assessment purposes. They are a great way to address education gaps in an extremely consistent manner."

@ ON THE WEB

Learn more about the Standardized Patient Program: www.med.umich.edu/lrc/spp.

TAKING CARE OF OUR OWN

spring INTO fitness

Find an activity you enjoy and get out there and start exercising—you'll reduce your stress and get physically fit

By Wendy E. Dolen, M.S., Physical Activity Program Coordinator, MFit, Health Promotion Division

Spring signifies the awakening of nature and is a wonderful time for outdoor physical activity. There are many benefits of the great outdoors, including increased alertness, decreased stress levels and good old fresh air. Choosing the right activity starts with the end-result you want. Do you want to de-stress, burn calories or both? Next, research your community to find out what's available. Your local parks and recreation department is a great place to start. Consider signing up for a class or group fitness activity to get excited about exercise. There are many outdoor activities to choose from, including walking, in-line skating, biking, hiking, seated stretching, canoeing and kayaking. Finally, be prepared with the proper exercise equipment and apparel. Always wear appropriate athletic shoes and be sure to check the weather. Being prepared will ensure your healthy lifestyle is a success.

Looking for outdoor activities near work?

- **Brighton:** Head to Island Lake Recreation area for four miles of paved biking trails plus 18 miles of off-road hiking and 14 miles of off-road biking.
- **Canton:** Visit Heritage Park and enjoy the walking trails, fishing pier and gazebo around the beautiful ponds.
- **Chelsea:** Take a nature walk around the hospital grounds or venture further to Timber Town and check out the nature trails through the woods.
- **Dexter:** Head to Hudson Mills and enjoy 1,600 acres of golf, hiking, biking, fishing, disc golf and trails.
- **East Ann Arbor:** Visit Gallup Park where arched footbridges connect a series of small islands. Canoes, paddleboats, kayaks and bikes can be rented at the livery.
- **Livonia:** Cruise a four-mile circuit around the block or head over to Rotary Park and enjoy the extensive hiking trails and walking paths.
- **Main Medical Center:** Check out Island Park for footbridges and flocks of waterfowl. The dirt road ascending from the woods at the back of the park reaches Cedar Bend Nature Area, a woodland hillside with an opening that offers a partial view of the city's skyline.

@ ON THE WEB For help getting started on an outdoor fitness program, contact MFit at www.med.umich.edu/mfit or 734-975-3024.

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