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Design and Layout: Ciesa Studios

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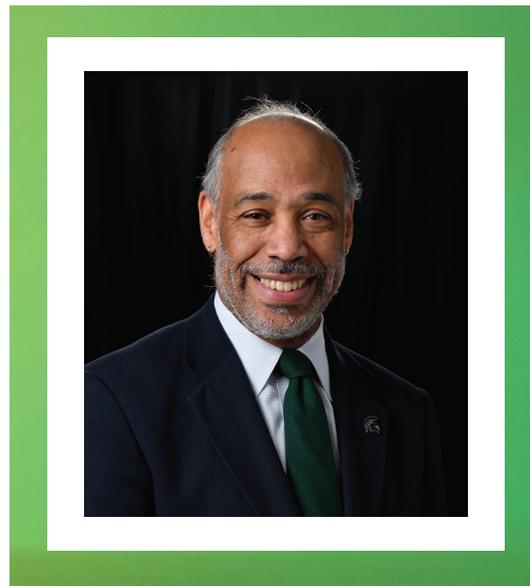
TAUGHT TO LEAD

Letter from the Dean

We spend a significant amount of time ensuring our students understand the technical side of being a nurse, including how to administer a proper dosage or change a sterile dressing. There is no denying that those are important skills for a nurse to possess.

However, we also need to invest in providing rich, diverse learning experiences so that our students, once in hospitals or clinics, are prepared to interact with those with different backgrounds and opinions. This, sadly, is one area where many colleges—nursing or otherwise—fall short and this is why it is one of the MSU College of Nursing’s focal points for the coming year.

In the coming months, we will be reexamining our admissions policies, curriculum and faculty recruitment process to ensure we are providing these diverse learning opportunities to all those in our college. This extends to reviewing relationships with other partners in the community, including hospitals, clinics, donors and community colleges to discover opportunities for collaboration and recruitment of future students and faculty from different backgrounds.



We also hope to expand our reach globally. Currently, we have the longest continuously running study abroad program at MSU. During this program, based in London, students study Florence Nightingale and the foundations of modern nursing, the creation of England’s National Health Service and the British system of health care. We

are now exploring the possibility for similar programs in additional countries in yet another effort to place students, faculty, and staff in rich learning environments.

All of these initiatives are examples of how the college is “A Step Above,” which is why we have chosen this as the theme for this year’s magazine. You will see stories highlighting the efforts our researchers, faculty and students have undertaken that truly set them apart. In an ever-changing higher education landscape, it is imperative for colleges to demonstrate how they are going the extra mile to foster student success and these are a few of the many examples in the college that do just that. We hope you enjoy reading their stories just as much as we enjoy improving the health of our communities.

In Spartan spirit,

A handwritten signature in black ink that reads "Randolph Rasch". The signature is fluid and cursive.

RANDOLPH F. R. RASCH
Ph.D., RN, FNP, FAANP,
Dean and Professor



A PASSION FOR PEDS

Tammy Muczinski, *MS, RN, CPNP-PC*

TAUGHT TO DISCOVER

Tammy Muczinski's early desire to become a nurse and devote her life to helping people may have started with her own mishaps as a kid.

"I was always managing to get hurt in a lot of unusual ways," she recalls with a laugh. From the stitches she needed in her chin after falling down the stairs to the butterfly bandage that she sat on for a while after being speared by a carving fork, the young Muczinski had early role models for her future career, most notably a neighbor who was a nurse and patched her up more than once.

The photo of her six-year-old self in a nurse's uniform presaged her studies at Michigan State University's College of Nursing and her choice to specialize in pediatric nursing. Today, at Beaumont Hospital in Royal Oak, she has helped improve patient safety, not only for the infants she cares for as an advanced practice registered nurse in the Pediatric Intensive Care Unit/Pediatrics/Pediatrics Short Stay Units, but also for patients throughout the entire Beaumont Health System – as well as nationwide.

She was part of a four-person, multidisciplinary Beaumont team that in September 2008 was named a finalist for an ECRI Institute Health Devices Achievement Award for creating a program designed to help reduce tubing misconnections, such as when infant formula inadvertently went to the lungs instead of the stomach. She and her fellow researchers first reviewed literature to understand the issues, then collected every piece of equipment in the Pediatric ICU and created a database by

photographing and classifying each connector. Other steps in the process included developing human-factors testing protocol, which involved identifying potential misconnections and their possible severity, as well as the physical feel of the connections.



"MSU allowed me to discover and focus on areas that I enjoyed, and that boosted my confidence."

Muczinski's task force created educational posters for various hospital areas and a Misconnection Prevention Policy that covered equipment purchases, technical and safety testing, risk assessment, guidelines for clinical staff, and orientation and education.

The hospital's misconnection rate dropped to zero upon completion of the project.

"That entire process was really an example of trying to help people," says Muczinski, adding that the task force's recommendations were not only adopted by other facilities in the Beaumont Health System but also had a national impact

after group members presented their findings and recommendations before a gathering of the Food and Drug Administration's Medical Product Safety Network.

Muczinski's path to participating in the project for improving tubing safety began during her MSU clinicals. Her first rotation involved working with adults, but when she switched to a pediatric rotation, she knew she had found her niche. She vividly recalls working with a young burn victim and another infant with a seizure disorder.

"I just loved them and felt I was able to help and comfort them," she says. "My first two patients were very good outcomes."

The self-assurance she gained from her clinical rotations helped her garner a nomination as the College of Nursing's outstanding undergrad.

"MSU allowed me to discover and focus on areas that I enjoyed, and that boosted my confidence," she says. It also led to her first nursing position at Children's Hospital of Michigan in Detroit after graduation in 1993.

Over her career, she has had short stints that didn't involve direct contact with pediatric patients.

But in the end, she ultimately winds up back in the specialty – which explains an observation made to her by a Beaumont administrator: "Your face lights up whenever you're talking about pediatrics."

STRIVE FOR PREVENTION

Matthew Budd, *MSN, RN, AGCNS-BC*



TAUGHT TO PREVENT

MSU nursing alumnus Matthew Budd saw enough trauma patients to realize that many injuries and illnesses can be prevented, even traffic accidents and sudden falls. He decided his role as a nurse should expand beyond the hospital into the community to minimize life-threatening events.

“We see what happens when you don’t take care of yourself,” says Budd, injury prevention coordinator at St. Joseph Mercy Hospital in Ann Arbor. “Most injuries are preventable. Maybe they were driving distracted or too fast, or didn’t stop at an intersection.”

His mission: Analyze injuries in the community and find ways to prevent them.

Budd conducts an eight-week course (two hours a week) on injury prevention at senior centers and other venues in Washtenaw County. Many who attend are seniors 65 and older who’ve fallen or have a loved one who has been injured in falls—a major cause of injuries. Fear of falling is a common worry among seniors, and that fear makes them even more vulnerable because they tend to withdraw and become less mobile and less active outside the home.

“It’s a vicious cycle. They’re not using their muscles like they once did and they don’t engage in life like they normally would,” Budd says. “It’s all about building independence and autonomy so you can live a quality life.”

Budd also organizes classes on how to stop serious bleeding in trauma victims, teaching relatively simple, effective techniques that save lives.

Injury prevention was a natural evolution for Budd, 29, who earned a BSN at MSU in 2012. In 2017 he completed a master’s degree in adult-gerontology care – a field of growing demand as the U.S. population ages.



In fact, his interest began as a high school dishwasher at an independent living facility in Jackson, where he would talk to the residents and learn about their needs. “It wasn’t until I started working with older adults that I realized I wanted to work with people and help them live a life worth living,” Budd says.

He became a nurse’s aide at another facility, learning to bathe, dress, and care for residents.

While attending community college he decided to pursue nursing at MSU, where he would eventually teach and advise nursing students. Working with trauma and cardiac patients, he saw the need to help them improve their lives through wellness practices after they leave the hospital.

“MSU did a great job preparing me to advocate for patients, to include them in their own care,” Budd says. “It’s easy to know a treatment for a diagnosis. It’s so important to talk to a patient and their family to get to know their needs and help them live a good life.”

Budd has expanded the scope and reach of St. Joseph Hospital’s injury prevention program with his enthusiasm and creativity, says Kathy Kempf, hospital trauma program manager. “He’s very inquisitive and he’s spent a lot of time getting to know community leaders and researching ways to not only implement programs but to look for other avenues—ways to partner with others,” Kempf says.

“He’s really embraced the job: he’s turning it into something bigger and better than in the past.”

Budd says his role defies the public’s typical view of a medical nurse.

“It doesn’t end at the hospital doors,” he says. “If we can make people more aware before we have to see them at a hospital with a life-threatening injury, that’s better. We’re responsible for health and well-being everywhere in the community.”

A CAREER IN COMPASSION

Kim Alexander, *BSN, RN*

No classes can prepare a nurse for the pain of losing a patient, but Kim Alexander says her training at Michigan State University gave her skills to not only help people survive critical illnesses and injuries, but also to give care and comfort when facing certain death. Her compassionate care not only saved lives, but helped inspire another young person to become a nurse following a devastating loss.

In her first years at Sparrow Hospital she took special interest in a young wife and mother not much older than herself. The woman's husband and father to their two young children had been diagnosed with a brain tumor. Alexander, just in her twenties, cared for them on duty and went to the hospital on her day off to check on the young man's condition. It was during an off-duty visit when Alexander provided comfort and support to the woman and her family on what would be her husband's last day.

"Losing patients is very challenging," Alexander says. "MSU prepared me well for the rigors of a career. I 'grew up' in critical care at Sparrow, but I felt confident that I could handle the challenges, even in the early days."

Alexander's career spanned 32 years, from 1981 to her retirement in 2012. She mentored many other nurses and eventually became Sparrow's director of critical care and director of neuroscience.

Once, when a patient went into full cardiac arrest and a medical team worked to save him, a nurse left the room. "It was too much for her," Alexander recalls. "She had never experienced a situation like that. She was devastated." Alexander understood and took time to coach the young nurse to overcome her fears. Rather than quitting because of the emotional challenges, the young woman, and others, would remain in nursing thanks in part to Alexander's leadership.

"You lean on your peers a lot and you learn how to get through it," she says.

She agrees that not everyone has what it takes to be a traditional nurse. She says rather than "weed people out," MSU helps nursing students find their best professional fit.

"Nursing offers so many options and opportunities," she says. "The program gives students lots of ideas so they can find their niche."

Alexander rose up in the management ranks at Sparrow, adding to her nursing degree with business classes focusing on finance, budgeting, and leadership. She earned a master's degree in business and a leadership certification in Certified Nurse Executive Practice (CNEP).

She says her career path was very rewarding, as she was able to touch many lives as a manager, but she says the nurses who are at patients' sides their entire career deserve more credit.

"The people who amaze me are those who have stayed at the bedside for 30 years," she says. "They're my heroes. It's emotional, it's physical, it's intellectually draining."

Now more than 30 years later, her pain for the young wife's loss of her husband is still vivid, but she takes comfort in the woman's story.

"She went on to become a nurse herself and told me that it was my care for her and her family that inspired her."

*“The people who amaze me are those who
have stayed at the bedside for 30 years.
They’re my heroes.”*



TAUGHT TO CARE

BACK TO THE BASICS

Kathy Bobay, *Ph.D., RN, NEA-BC, FAAN*



“We had to get really good at listening to patients because we didn't have other resources. I try to impress on my students that if you're good at what you do, you shouldn't need a lot of tests.”

Dr. Kathy Bobay is leading the charge to reduce hospital readmission rates and costs through her research at Loyola University in Chicago.

With more than 25 years on the front lines of nursing and more than 15 years in teaching, Bobay—who earned her master’s degree in nursing at MSU in 1994 – is improving patient outcomes through nurse readiness evaluations and patient self-assessments.

“Lots of things that nurses do make a difference in whether the patient needs to be readmitted,” Bobay explains. “We’re demonstrating that doing nurse assessments can reduce high readmission rates by 1 to 3 percent, which translates to significant savings for hospitals.”

She conducted a multi-site cluster, randomized clinical trial of 33 hospitals between September 2014 and March 2017, which determined the effect of unit-based implementation of readiness evaluation and discharge intervention protocols on readmissions. When patient self-assessments were combined with readiness assessment by nurses, readmissions were reduced by 1.79 percentage points in high readmission units. Each percent reduction equates to \$1 million in savings to a hospital.

Bobay said she landed at Loyola due to its commitment to funding nursing research, which, at some institutions, can be inadequate, as can be gaining access to data.

Her journey into nursing started when she cared for poor and homeless populations not far from her hometown of Jackson, Michigan and had to make do without “fancy tests, X-rays, and medications.” Instead she developed strong communication, observation, and analytical skills, all of which are essential for accurate patient assessments and decision-making about going home, follow-up care, and long-term wellness.

“We had to get really good at listening to patients because we didn’t have other resources. I try to impress on my students that if you’re good at what you do, you shouldn’t need a lot of tests.”

Those observation and listening skills are critical when nurses assess patients for hospital discharge, she contends, but nurses need to be given the time with patients and their families to ask the right questions and understand their needs.

“Patient- and family-centered care is key,” she stresses, noting that nurses have the insight into the resources, equipment, and follow-up a patient will need once he or she leaves the hospital. “For example, we might order home health care, but if the family doesn’t understand why that’s important, they might not let them in the door.”

After earning an associate’s degree in nursing at Jackson Community College, she received a bachelor’s degree in health studies at Western Michigan University before landing at MSU for her master’s. She ultimately earned a Ph.D. at

the University of Michigan, before teaching at Marquette University and then Loyola, where she now teaches nursing leadership and nursing informatics. She has served on the MSU College of Nursing alumni board for more than five years.

Looking at the course of her career, from nurse-managed clinics in poor neighborhoods to university teaching and research, Bobay says the best thing about being a nurse is that you can create new versions of yourself.

She couldn’t have predicted the course her career would take and notes that of all the positions she’s had, she only “went after” one job. All the others were suggested by bosses or colleagues who told her she’d be a good fit for whatever the position required.

“I tell young professionals to pay attention when someone is telling you that you’d be good at something, whether it’s serving on a committee or taking on a new job,” she says. “You may not see it then, but it’s an opportunity to further your career.”

And you never know what you’ll learn about yourself until you try it.

“Nurse practitioners increase access to affordable health care,” she stresses. “Becoming a nurse practitioner led to my world view that we need to help others less fortunate than ourselves.”

TAUGHT TO LISTEN



*NURSING
MAJOR
TO ARMY
MAJOR*

Mallory McCuin, *MSN, RN-BC, RNC-OB*

TAUGHT TO SERVE

She was in a high school class when sophomore Mallory McCuin heard hijacked jetliners had crashed into New York's World Trade Center on Sept. 11, 2001. The worst terrorist attack on U.S. soil left her determined to serve her country, one way or another.

It led McCuin to MSU's College of Nursing on an ROTC scholarship, and then to the highest levels of medical care in the U.S. Army. Now an Army major, McCuin has done it all, from treating soldiers wounded on Middle East battle-grounds to delivering babies on military bases—once leading an obstetrics team of 50 nurses.

As a nurse counselor for the Army Seventh Brigade based in Ft. Knox, she was responsible for ROTC recruits and cadets in Michigan and Ohio—"My dream Army job," says the Grand Ledge, Michigan native. In June, she left for assignment in Landstuhl, Germany, at the largest U.S. military medical hospital outside of the continental United States.

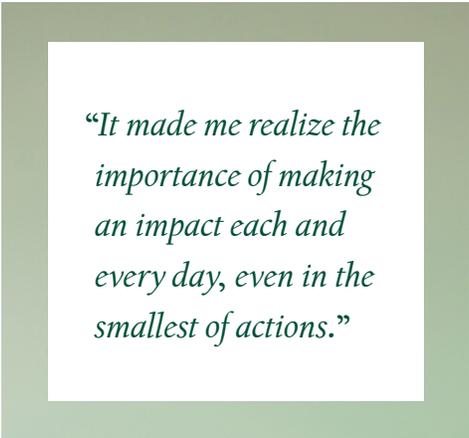
At age 33, McCuin brings zeal and experience to a nursing career that's gone far beyond the daily exigencies of healing the sick and the wounded.

"She's exceptional, she's hard-working and very knowledgeable," says Lt. Col. Jason DeGeorge, chair of MSU's military science department. "She's a great officer who puts others first and tries to focus on making the organization and others successful."

McCuin graduated in 2008 and was commissioned to the Army Nurse Corps. She attended medical officer training in Texas, and in 2009 began two years at Walter Reed Army Medical Center in Washington, D.C. She praises her education at MSU, but nothing prepared

her for Walter Reed's "wounded warrior" unit, where she nursed battle casualties from Afghanistan and Iraq who suffered multiple amputations, disfiguring shrapnel wounds and other severe injuries.

Often, she says, nurses are the first people the wounded interact with when they arrive back in the United States—occasionally with families present—and become daily solace, sometimes for months.



"It made me realize the importance of making an impact each and every day, even in the smallest of actions."

"We were the ones helping them get through the psychological impact of these life-changing events," she says. "It made me realize the importance of making an impact each and every day, even in the smallest of actions."

"It was life-changing for me and something I will never forget."

McCuin especially remembers a 15-year combat veteran who lost his leg (and two combat

friends) to a bomb explosion in Afghanistan. "He had four children at home and he was absolutely terrified for them to see him in this condition," she said. "He was as tough as they come. When reality set in that he lost his leg, he felt he wasn't that strong, tough guy anymore."

"Just being able to sit down and talk with him and reassure him and be there to listen, discuss his worries and fears made more of a difference than giving him the pain meds he wanted."

She adds, "We still stay in touch: he's doing great."

From the injured and dying, McCuin switched to obstetric nursing and spent seven years at military bases in Virginia and Colorado. At Ft. Carson, Colorado, she was a clinical nurse in charge of labor and delivery with a staff of 50 nurses.

"I could still serve soldiers by delivering their babies," she says. That included Skype sessions so soldiers overseas could watch their children's birth. "You talk about emotional. It was amazing."

McCuin earned a master's degree in nursing science from St. Xavier University in Chicago. She recently left her Midwest position with ROTC to move with her husband and toddler son to Germany, where she expects to work in administration at Landstuhl Regional Medical Center.

"This would be my second dream job," she says. "We plan to travel a lot on my off days."

BUILDING BRIDGES

Jackeline Iseler, *DNP, MSN, RN, ACNS-BC*



Jackeline Iseler's footsteps from the corridors of Michigan State University to hospitals around the state are building bridges between two different worlds. She is a liaison who connects the classroom to the clinical setting, bringing new ideas to improve patient outcomes, based on MSU research.

She is also director of MSU's Clinical Nurse Specialist Program (CNS), and guides students who are following in her footsteps to bring practice and research innovation into emergency rooms, intensive care units, and other patient care settings.

"I have a role in both the clinical and the academic areas and I bring them together," says Iseler, an assistant professor in MSU's College of Nursing and a doctor of nursing practice (DNP). "It's interdisciplinary. We bring evidence-based practice into the hospital setting."

She's currently on a joint appointment with McLaren Hospital in Lansing and has worked

with the nursing staff there to implement several projects.

“First, I want to know what their goals are for improving patient outcomes,” she explains, noting that she uses a collaborative approach so that the nursing staff sees her as part of their team. One project brought aromatherapy into the ICU to help critical care patients be more comfortable. Another focused on heart patients and how lowering their body temperatures minimized brain injury following a heart attack.

Iseler is as passionate about teaching as she is about bringing innovation into hospitals. She has a strong track record of mentoring new clinical nurse specialists (CNS) who obtain jobs as soon as they graduate.

“Our CNS students are in demand,” she says. “They all get hired. I really love my role because my students will go out and impact hundreds of patients.”

As students develop their scholarly projects, Iseler challenges them to come up with relevant topics that will have the most impact in a patient setting and not be cost-prohibitive to implement.

Last year, four of her students were asked to present their projects at the National Association of Clinical Nurse Specialists.

“That was a record,” she says proudly. “Everything they do in these courses helps them build their portfolios.”

One of her former students, Stephanie Mullennix, developed a project that is helping to reduce opiate overdose mortality through naloxone

distribution at hospital discharge. Her work included securing a grant of \$23,000 to implement the project. Mullennix presented the work at the National Association of Clinical Nurse Specialists in Texas in 2018 and at the Emergency Nurses Association national conference in 2019.

“She’s had a huge impact in Kent County,” says Iseler. “She is my shining star. She took something she was passionate about and is improving lives in the community.”



“We’re bringing the rigor of research into clinical practice and we’re making a difference in patients’ lives every day.”

Others students are working on preventing violence to nurses in emergency rooms and preventing falls in hospitals. The projects often develop from nurses’ own experience and observations in clinical settings.

In addition to CNS students, Iseler is working with a number of DNP students who take the courses online. Advanced practice nurses can

serve in many roles from pharmacy, to palliative care, to mental health, and many more.

Iseler was recently certified as a Quality Matters peer reviewer.

“The program is one of the top 20 graduate online programs,” she says. “Once they graduate from MSU, they can hit the ground running and showcase what it means to be a ‘Spartan Nurse.’”

She often responds to requests from hospitals to weigh in on human resources policies and certifications. She also serves on the Michigan Board of Nursing and is vice president of the Michigan Association of Clinical Nurse Specialists.

Iseler took a circuitous route to Michigan State University, first earning a bachelor’s degree at Bradley University in Illinois, then a master’s degree of science in nursing at Winona State University in Minnesota. She was a registered nurse at the Mayo Clinic in Rochester, Minnesota and a cardiovascular clinical nurse specialist, as well as a cardiothoracic transplant and ventricular assist device clinical nurse specialist at Spectrum Health in Grand Rapids. She came to MSU in 2009 to teach for a few years before taking time off to earn a DNP at MSU in 2016.

As her career continues, Iseler likes keeping her feet in both the clinical settings and the academic corridors.

“What I have is just a great opportunity,” she says. “We’re bringing the rigor of research into clinical practice and we’re making a difference in patients’ lives every day.”



FROM LECTURE TO PROCEDURE

Raven Richardson, *BSN, RN*

TAUGHT TO PREVAIL

When Raven Richardson is on duty in the emergency room at Detroit Medical Center, her MSU nursing training is often tested, as she cares for patients with gunshot wounds or massive heart attacks, and homeless people struggling to make it through brutally cold nights. Her compassion often reaches past the ER to help a patient beyond one night of survival.

She says the skills she learned as an undergrad hold her in good stead, but when she's not at DMC, she's in East Lansing working on a master's degree and serving as a graduate assistant.

"It's not usually recommended to go to work in an ER right away," she says with a smile, "but I feel well prepared. The most challenging aspect is caring for the family members when a patient's outcome is not expected to be good. I always try to be optimistic and positive, but it's hard."

She remembers caring for a family whose mother did not survive a stroke. She says that hit too close to home, because her own mother has been in ill health and she could feel the family's loss.

Richardson, 25, lives in Detroit and makes the trek to East Lansing about twice a week. Once she obtains her MSN, pursuing a doctorate is not out of the question.

"I'm thinking about what comes next," she muses. "I may want to take some time off from school before going after a DNP." Her long term plan is to become a nurse practitioner and perhaps work in women's health care or oncology. She can also see herself caring for patients in an urgent care clinic.

"Nursing touched me early in life," she says, explaining that her mother's health issues brought her into close contact with the medical profession and she saw firsthand the important role that nurses play. She likes the nurse's ability to take a more holistic approach and care for the whole patient. She wryly observes that you won't see all medical professionals doing that.

"I believe nursing is one of the most difficult degrees to obtain. Good mentors and excellent organizational skills are critical. It takes a strong person to get through the program. It tests you."

"We are trained to look at the whole patient and assess what's happening with them," she explains.

For example, once during a brutal cold spell in January 2019, with temperatures below zero for days, a woman came to the ER complaining of chest pains.

"She wasn't really sick," says Richardson, who did a thorough assessment and spent time

talking with the woman, learning that she didn't feel safe in the shelter where she had been staying. Rather than turn her back out into the streets, Richardson took the time to find her a safe place to stay and then followed up with her to make sure she was OK.

"We all want the best outcomes for our patients," she says.

Richardson is not a first-generation nurse. Her grandmother, who moved from Arkansas to become a nurse in Detroit, had a long career and—now in her early seventies—still volunteers in an oncology office.

"She refuses to retire," Richardson laughs, proud of her role model.

As her grandmother helped inspire her career, Richardson is mentoring future nurses in her role as a graduate assistant in the ACCESS program, which focuses on students who are first generation and/or undeserved. A goal of the program is to bring more diversity into the profession.

"I was an ACCESS student myself," she says. "And I wouldn't have made it through the program without it. I believe nursing is one of the most difficult degrees to obtain. Good mentors and excellent organizational skills are critical. It takes a strong person to get through the program. It tests you."

As new patients arrive in the ER during her weekend 12-hour shifts, she faces them with confidence, reminding herself that she has already weathered the rigorous academic tests of the MSU College of Nursing and is ready to put her training into practice.

ONE-ON-ONE WITH EXPERIENTIAL LEARNING

Thomas Topping, *BSN, RN*

As a teen in Sterling Heights, Thomas Topping considered a health care career, though he didn't see himself as a physician due to all the years in medical school and training it would take.

A visit to a relative in Florida during Topping's freshman year at MSU nudged him to nursing. The older cousin was partially paralyzed in an auto accident during his senior year in high school, when Topping was only six years old.

"He spent a lot of time in an ICU," Topping says, "and he was telling me how the nurses were the ones who really took care of him, letting the doctors know what was going on.

"He told me if I'm really looking to make an impact on a patient, nursing is the way to go. They are the ones there trying to get the patient better, trying to get them to do everything the doctors tell them to do."

Two decades later, his cousin still stays in touch with nurses who helped him through his

severe injuries, Topping says. The talk in Florida stayed with Topping, now 24.

He earned a bachelor of science degree in kinesiology at MSU, and in 2018 graduated from the College of Nursing accelerated program. He says MSU gave him invaluable hands-on experience in medical intensive care, which led to his first position after graduation with Beaumont Hospital in Dearborn, where he works in the intermediate intensive care unit.

As part of his MSU curriculum, Topping worked one-on-one with a nurse in Beaumont's ICU.

"I kind of took over the care, and he was there giving me pointers," Topping says. "It was eye-opening, just because of how critical some of the patients were.

"I have friends who went to other nursing schools and some of them didn't have that kind of one-on-one experience. I learned so much doing that."

Topping has proven to be thorough and respectful as a member of Beaumont Dearborn's intermediate ICU team, says Heather Grein, the unit's clinical manager.

"I get a lot of family compliments about him," she says. "He's a good team player, always smiling. He makes sure everything's taken care of."

Topping says he may go back to school for additional training – perhaps as a nurse practitioner – though he wants a few more years' experience as a nurse. He especially wants to become a "travel nurse," working three-month stints in hospitals around the U.S. that have temporary openings.

"It gives you an opportunity to travel across the states: see what's out there," he says.

"It's something I've had my eye on since I started nursing school."



“I have friends who went to other nursing schools and some of them didn’t have that kind of one-on-one experience. I learned so much doing that.”

TAUGHT TO SUCCEED

2018–2019 Research Highlights

KEY RESEARCH AREAS



Health promotion and
risk reduction.



Symptom science
development for
self-management
of chronic conditions.

DATA-DRIVEN CARE

DR. SHERRY M. BUMPUS, PhD, FNP-BC

Cardiovascular disease remains a leading cause of death and morbidity in the U.S., and cardiac patients are more likely than others to wind up back in the hospital after initial treatment. MSU College of Nursing Associate Professor Dr. Sherry Bumpus has been researching ways to better identify patients more prone to readmission after hospitalization for an acute exacerbation of heart failure.

Bumpus, a nurse practitioner, has been working with the Michigan Clinical Outcomes Research and Reporting Program (MCOORP) to create a database to better understand the needs of heart failure patients and develop tools that can help predict the likelihood that a heart failure patient will be hospitalized again. The project aims to create an algorithm based on data from the patients' hospital electronic health record including laboratory and imaging results as well as patient responses to treatment.

"The goal has been to reduce hospital readmissions by 20 percent by 2020," Bumpus says.

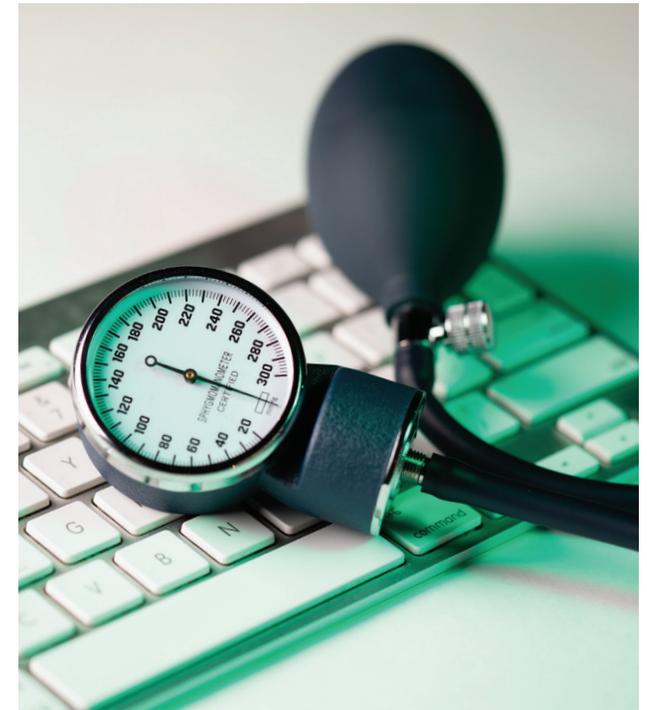
The MCOORP project is based at the University of Michigan, where Bumpus says she's part of a collaborative team. One finding, she says, is that patients hospitalized with heart attacks (acute coronary syndrome) are less likely to be readmitted if they are seen by a nurse practitioner in a transitional care clinic within 14 days of discharged from their first hospital stay.

Unfortunately, similar results were not found in patients with chronic heart failure or atrial fibrillation, or AFib, a kind of irregular heart-beat, Bumpus says. Determining the proper

level of nursing care for individual cardiac patients may be the key to reducing the chance that they'll be readmitted for acute symptoms.

"Patients aren't in a hospital just for medical care," Bumpus says. "They're there because they need nursing care. If they could manage at home, they would."

"My biggest interest as a nurse, was what the quality of life is for these patients," Bumpus says. "I interviewed them and found that nobody had ever asked them how they felt." Registry data suggests that the average time from first symptoms to diagnosis is about five years." During this time, she says, some patients are labeled hypochondriacs. The disease was thought to be so rare, that it often was not looked for.



FACULTY ADVISOR INSPIRED DR. WU'S CANCER FATIGUE RESEARCH

DR. HORNG-SHIUANN WU, Ph.D.

As a breast cancer researcher, Dr. Horng-Shiuann Wu has examined closely how the disease drains energy of patients, who often suffer in private.

Fatigue, depression and insomnia are common after chemotherapy or radiation treatments end, Wu says.

“It’s a different fatigue than what you or I experience. I’ve had women start crying over the phone talking about their symptoms. But they carry on without telling anyone. It’s a new normal for them.”

One path to comfort Wu tests is light therapy, commonly used to treat winter depression for people who are sensitive to lack of sunshine. Wu says cancer disrupts the body’s circadian rhythms, which are affected by exposure to light. Adding artificial blue-green light to cancer patients’ daily routines can alleviate fatigue, lack of sleep and depressive mood it’s an inexpensive, simple non-drug treatment.

Wu joined the MSU College of Nursing faculty in May as associate professor to teach both undergraduate and graduate courses. She says she hopes to impart her own zeal for research to students who otherwise might see nursing as passing out medication and giving shots. While physicians treat diseases, nurses manage symptoms, and the analytical tools of research can be used in everyday clinical care, Wu says.

A 1993 immigrant from Taiwan, where she was a nurse, Wu earned a master’s degree at MSU and then a Ph.D., at Saint Louis University in St. Louis, Missouri. She did post-doctorate work in San Francisco and then joined the faculty at Wayne State University in Detroit.

Wu says interest in breast cancer began during her study in St. Louis where her Ph.D. advisor battled the disease.

“She was a highly productive professor,” Wu recalls, “but when she went through radiation treatment she experienced great fatigue.”

The advisor took Wu to a conference on cancer fatigue, which whetted her appetite for oncology research.

In 2014 Wu joined the research faculty of Goldfarb School of Nursing at Barnes-Jewish College in St. Louis, where she collaborated on breast cancer research and a gene bank project with Washington University. She helped Goldfarb’s research dean establish a new Ph.D. program before coming to MSU.

Here, she hopes her students, as practicing nurses or research specialists, benefit from her knowledge and passion for discovery.

“I want them to recognize what they learned in the classroom about research is an important skill,” she says. “I can have an impact on people’s lives. And if they pursue research as their career or become an oncology nurse, that’s the most satisfying moment in my career.”



\$5.28

MILLION IN GRANTS

(APRIL 2018 -APRIL 2019)



KEEPING HEART FAILURE PATIENTS ACTIVE

DR. PALLAV DEKA, Ph.D., MS, AGACNP-BC

Regular exercise is a key to good health, and even more so for heart failure patients. Dr. Pallav Deka, assistant professor in the College of Nursing, has studied ways for heart patients to adhere to exercise guidelines.

That includes the use of wrist-worn activity monitors such as Fitbit trackers to provide positive feedback on exercise and physical activity. When patients can monitor their heart rate and step counts, it encourages them to maintain their walking regimens.

Deka's research combines his roles as exercise physiologist and nurse researcher. His pilot study to improve adherence to exercise in heart failure patients won the 2017 Outstanding Dissertation Award from the Midwest Nursing Research Society.

Heart failure has the highest re-hospitalization rates among chronic diseases. It is more prevalent among older adults, and with the aging U.S. population, the cost of treating heart failure will increase significantly. Regular exercise can help to manage heart failure symptoms and improve quality of life.

Among many other reasons for not engaging in exercise, heart failure patients often fear it will cause further damage to their hearts, Deka says. Giving them objective data can ease those fears, ensure exercise safety and encourage them to maintain exercise programs. Activity monitors worn daily can help by showing patients safe levels of exertion.

Deka has also studied the effects of using online social networks to encourage exercise.

Urban and rural heart patients were linked with one another through video conferencing, where they could share their progress and talk about their conditions and treatments from their homes, rather than having to drive up to 30 miles to their weekly sessions.

"They loved it," Deka said. "Being able to talk to someone who has the exact same condition and who experience similar barriers to exercise adherence was helpful. It gave them confidence to know if someone else can do it and overcome those barriers, 'I can do it, too.'"

Deka hopes to expand his research from an eight-week study to a six-month study for clearer results. One positive outcome from the initial study: Improving peer engagement and providing objective feedback on physical activity and exercise can help improve exercise adherence.



MINDFULNESS, COMMUNICATION HELPS FAMILIES IMPROVE HEALTH

DR. TSUI-SUI ANNIE KAO, Ph.D., FNP-BC

Her experience as a Taiwanese immigrant led associate professor Dr. Tsui-Sui Annie Kao to help low-income parents and their children live healthier lives through better communication.

As a master's degree student, wife and mother at the University of Michigan 15 years ago, Kao learned through conversations that fellow Taiwanese immigrants did not talk to their children about sex and its risk of transmitted diseases. That included Kao.

"I was a nurse and I talked to my patients about sex all the time. It never crossed my mind to talk to my kids about sex," says Kao, who came to the U.S. nearly 30 years ago. "I thought, well, there's something wrong here. Why am I so uncomfortable talking to my kids about sex-related risks?"

The revelation prompted Kao to study parent-child relationships and communication, particularly among minority and low-income families. In research and interviews she's found that obesity, substance abuse and irresponsible sexual activity can be positively affected if parents and children talk more openly and, importantly, listen to one another.

Kao has developed motivational methods to coach parents and their kids. She teaches mindfulness, using meditation techniques to defuse volatile relationships through compassion and consideration of others feelings and perceptions. Often, overeating or parent-child conflicts are

the result of stress in low socioeconomic families, Kao says. Mindfulness can reduce stress and improve communication.

"Instead of reacting to emotions, we teach them how to take a breath and then be more responsive to their parent's or their child's feelings or real intentions," she says. "The child influences the parent as well as the parent influencing the child. We teach them how to walk in one another's shoes."

Kao says typically, families are more comfortable at first talking about obesity and eating habits than they are about smoking, alcohol and substance abuse or sexual behavior. Later, they can open up about other issues.

Kao has been associate professor at MSU's College of Nursing since 2018, and a Robert Wood Johnson Foundation faculty scholar since 2011.



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RESEARCH AWARDS AND HONORS

(JUNE 2018 -APRIL 2019)



GRADUATION 2019

Once a Spartan, always a Spartan

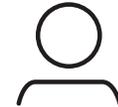
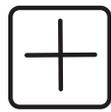


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Funded Research and Grants

FACULTY GRANTS

Nurse Anesthesia Traineeship

Funding Agency: HRSA
PI: Gayle Lourens
Funding Amount: \$27,569

Pink Impact: Breast Care at MSU

Funding Agency: Susan G. Komen for
the Cure Mid-Michigan
PI: Mary Smania
Funding Amount: \$59,997

A Randomized Controlled Trial to Reduce Hopelessness Through Enhanced Physical Activity in Adults with Ischemic Heart Disease

Funding Agency: NIH-NINR
PI: Susan Dunn*
Funding Amount: \$2,480,243.31

Buffers, Barriers, and Resiliency in Breastfeeding Behaviors of Asian American Mothers

Funding Agency: MSU Trifecta
PI: Joanne Goldbort
Funding Amount: \$8,000

A Dyadic Family-Based Intervention for Overweight/Obese Parent-Child Dyads and Families

Funding Agency: MSU Trifecta
PI: Annie Kao
Funding Amount: \$8,000

Using Facebook and Participatory Learning in an Intergenerational Intervention to Prevent Obesity in Head Start Preschoolers

Funding Agency: MSU Trifecta
PI: Jiying Ling
Funding Amount: \$5,000

*Grant was funded to MSU but then was transferred to UIC

STUDENT GRANTS

Jonas Veterans Healthcare Scholars

Funding Agency: Jonas Center for
Nursing Excellence
Student: Karla Palmer
Funding Amount: \$10,000

Symptom Evaluation and Management of Childhood Cancer Survivors: Targeting Vincristine-Induced Peripheral Neuropathy

Funding Agency: American Nurses
Foundation
Student: Deb Lee
Funding Amount: \$4,996

Pain and Spiritual Quality of Life in Women with Advanced Breast Cancer: An Exploration of Synergistic Relationships

Funding Agency: American Nurses
Foundation
Student: Megan Flanigan
Funding Amount: \$4,994

Exploring Pain and Spiritual Quality of Life in Women with Advanced Breast Cancer

Funding Agency: Blue Cross Blue
Shield of Michigan
Student: Megan Flanigan
Funding Amount: \$3,000

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FACULTY BOOKS/CHAPTERS

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Ph.D. GRADUATE PUBLICATIONS

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