

# ON CALL

*celebrating*  
**OUR  
RICH**  
*history*

**Gerontology:  
MEETING A  
GROWING NEED**



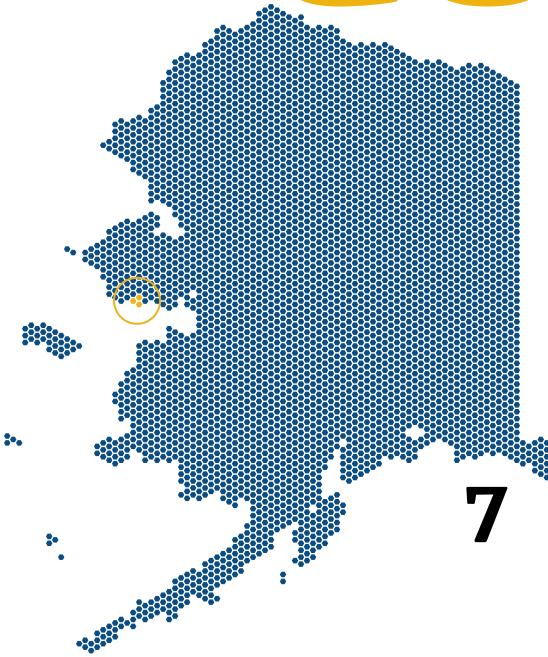
**CARRYING  
COMFORT  
around  
the world**



**NURSING  
THE NURSES**



# contents



7

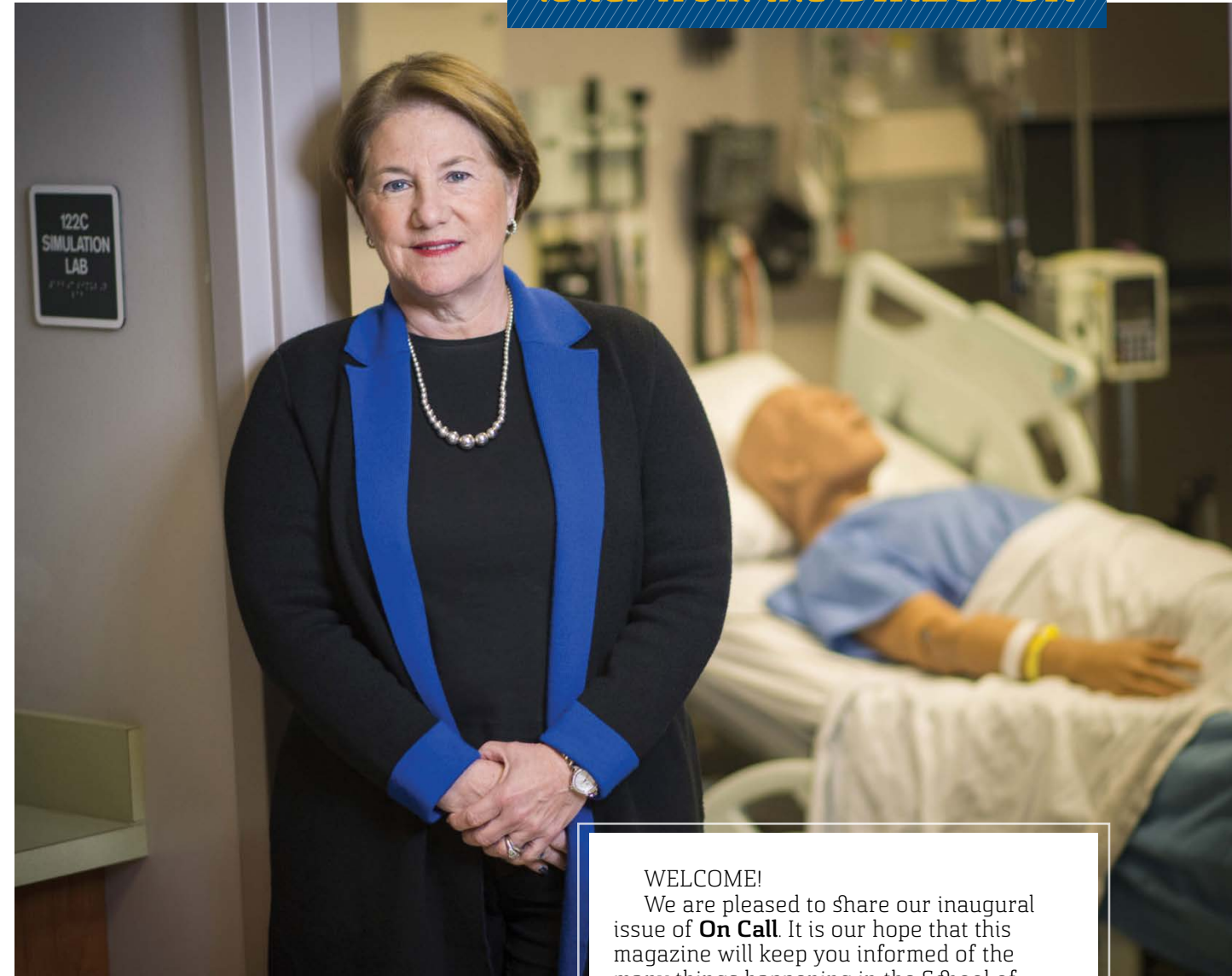


11



14

- 3 LETTER FROM THE DIRECTOR
- 4 STATS
- 6 ALUMNI NOTES
- 7 NURSING IN THE LAND OF 100,000 GLACIERS
- 8 CRNA ALUMNAE KEEP CHILDREN'S HOSPITAL RUNNING
- 10 UTC STUDENT HELPS IN HONDURAS
- 11 GERONTOLOGY: MEETING A GROWING NEED
- 14 FAST PACE, FULL SCHEDULE
- 16 NURSING THE NURSES
- 19 ADDRESSING THE OPIOID EPIDEMIC



## ON CALL

**director**

Christine B. Smith

**editors**

George Heddleston and Gina Stafford

**writers**

Laura Bond, Sarah Joyner and Shawn Ryan

**creative director**

Stephen Rumbaugh

**graphic designer**

Courtney Muller

**photographers**

Jaimie Davis and Angela Foster

**contact:** Chris-Smith@utc.edu

**WELCOME!**

We are pleased to share our inaugural issue of **On Call**. It is our hope that this magazine will keep you informed of the many things happening in the School of Nursing. It is hard to believe that 45 years ago this fall we had our first class enter the program. Technology has certainly changed. Patient care has changed. How we deliver our program has changed. One thing has not. That is our commitment to our students. Our focus is on preparing our graduates to provide leadership in an ever-changing health care environment. Please enjoy this issue, which is meant to show you exactly how we carry out this mission.

Christine B. Smith  
Director of the UTC School of Nursing

SIM LABS

Even though their patients aren't really human, the nursing students still get nervous.

The mannequins in the School of Nursing's simulation labs resemble real people, from adults to youngsters age 7-12 to infants. A few have even been given names like Hal and Tupelo Honey and they can imitate obstructed breathing, chest pains, giving birth, even talking.

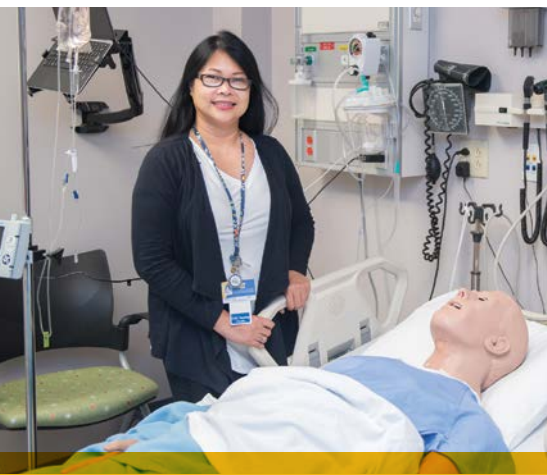
And some die, and that's the part that makes the students the most nervous, says Rosebelle Peters, who manages the four labs—medical surgery, pediatric, OB/GYN and multi-purpose.

Often, though, they feel pretty good when they come out on the other side of whatever medical treatment or emergency they're facing, she says.

"It boosts their confidence. They come in and they think they don't know so much and they're presented with a scenario and they apply what they know," Peters says. "They come out of there saying, 'Oh man, I know more than I think I did.'"

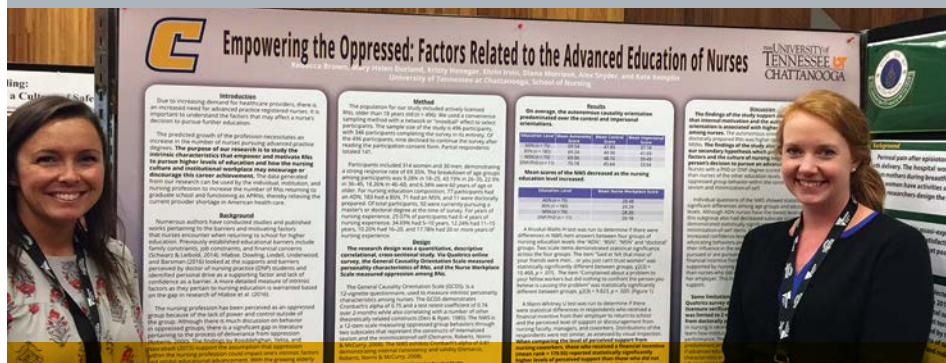
Follow-ups include individual feedback and evaluations from faculty as well as written exams. The overall result is better, more capable nurses, Peters says.

"It is very fulfilling for them. They always want more because they feel like it is a safe environment."

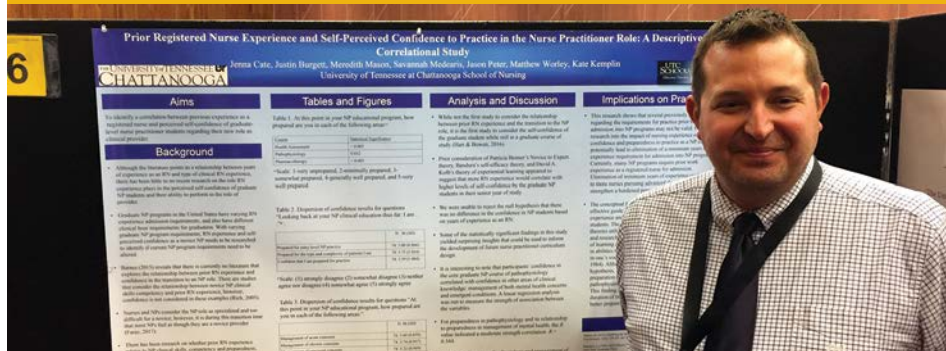


Rosebelle Peters has been in charge of the School of Nursing's Simulation Labs since 2012.

NURSING STUDENTS INVITED TO PRESTIGIOUS RESEARCH CONFERENCE



Kristy Henegar and Mary Helen Durland (above) and Jason P. Peter (below) were in a group of nurse practitioner students who presented their research projects at the Sigma Theta Tau International Nursing Research Congress in Melbourne, Australia.



**In July 2018, 15 nurse practitioner students and six undergraduate nursing students attended the 29th Sigma Theta Tau International Nursing Research Congress in Melbourne, Australia. It's the most prestigious nursing research conference in the world, attracting more than 800 nurse researchers, students, clinicians and leaders to learn from evidence-based research presentations. Kate Kemplin, assistant professor of nursing research, three master of science in nursing and family nurse practitioner groups were accepted to present posters on their research projects, while the undergraduate group gave a podium presentation.**

**The Family Nurse Practitioner presentations were:**

- **Prior Registered Nurse Experience and Self-Perceived Confidence to Practice in the Nurse Practitioner Role** by Jenna B. Cate, Justin P. Burgett, Meredith S. Mason, Savannah S. Medearis, Jason P. Peter, Matthew A. Worley and Kate Kemplin.
- **HPV: A Comparison of Awareness Between Vaccinated Versus Non-Vaccinated Persons** by Bronte Elizabeth Craig, Amanda Janel Eichel, Colleen Baumer Malone and Kate Kemplin
- **Empowering the Oppressed: Factors Related to the Advanced Education of Nurses** by Mary Helen Durland, Ehrin M. Irvin, Rebecca C. Brown, Kristy Henegar, Diana Morrison, David Alex Snyder and Kate Kemplin

**The undergraduate presentation was:**

- **Better with Age: Comparative Analysis of Nursing Student and Faculty Self-Esteem** by Candice Patryce Johnson, Madison R. Kasel, Michael H. Bramble, Cassandra S. Clendenen, Kelly A. Heffington and Whitney S. Sims

TOP PROGRAM in Tennessee

**UTC'S BACHELOR OF SCIENCE IN NURSING PROGRAM IS THE BEST IN TENNESSEE, ACCORDING TO A NATIONAL WEBSITE.** RegisteredNursing.org examined nursing programs at 41 schools across the state, then ranked the Top 20. The rankings were based on the number of nursing students at each school who passed the National Council Licensure Examination for Registered Nurses. Rates for the exam between 2011 and 2014 were examined, the website says.

"The University of Tennessee at Chattanooga School of Nursing program aspires to provide nurses that embrace diversity, inclusion and foster change in the field. Graduates are known for being innovators in change when speaking of patient care and the nursing profession," the website says.

Chris Smith, director of the School of Nursing, says the award "must be attributed to dedicated faculty and motivated students."

"It is wonderful to be recognized across the state as a program that demonstrates excellence in teaching. As evidenced by our extremely high pass rates, our students are well-prepared to enter a challenging profession and 'hit the ground running,'" she says.



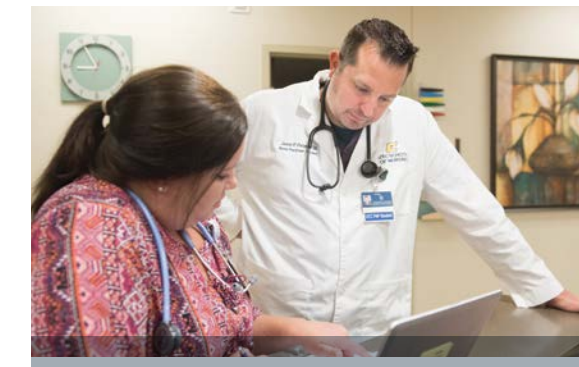
**2017 National Council Licensure Examination and Certification Pass Rates**

- + **BACHELOR OF SCIENCE IN NURSING — 97%**
- + **FAMILY NURSE PRACTITIONER — 100%**
- + **ADULT GERONTOLOGY ACUTE CARE NURSE PRACTITIONER — 100%**
- + **NURSE ANESTHESIA — 92%**

**Employment Rates**

- + **BACHELOR OF SCIENCE IN NURSING — 100%**
  - + **FAMILY NURSE PRACTITIONER — 100%**
  - + **ADULT GERONTOLOGY ACUTE CARE NURSE PRACTITIONER — 100%**
  - + **NURSE ANESTHESIA — 100%**
- ALL WERE EMPLOYED PRIOR TO GRADUATION**

DOCTOR OF NURSING PRACTICE EARNS ACCREDITATION



UTC's Doctor of Nursing Practice program has earned 10 more years of accreditation.

The Commission on Collegiate Nursing Education recently granted accreditation that lasts until 2028 for the DNP program.

"The commissioners join me in expressing our very best wishes as you continue to promote excellence in nursing education," Judith Lewis, chair of the CCNE Board of Commissioners, said in the letter informing the School of Nursing that it had received the accreditation extension.

Chris Smith, director of the School of Nursing, says the board's decision "means that the Commission on Collegiate Nursing Education officially recognizes the outstanding work that our faculty has done on behalf of the DNP students, past and present."

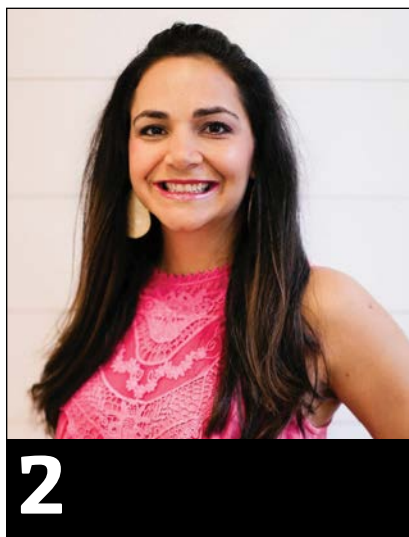
The DNP program began in 2010 and graduated its first class in 2012. The initial certification for the program was five years, explains Smith, so "earning the full 10-year accreditation allows the faculty to continue to focus on supporting the students as they work on projects which will change practice in their respective areas of specialization."

Most doctoral programs are research-focused, but a DNP educates students already working as nurses in clinical practice and also those in nursing leadership and management. Students who earn a DNP are the most highly educated and qualified practitioners in nursing and are qualified to lead future clinicians and administrators in the profession.



1

[ 1 ] **Katherine “Kat” Brewer, BSN ’17**, is a travel nurse who worked in Rome, Ga., and Tacoma, Wash., before moving to her current home in Redding, Calif. She and her boyfriend, Tyler Cole, spent six months building a 335-square-foot “tiny house” that they’ve lived in during their travels. HGTV filmed them as they built it, and they are featured in an episode of *Tiny House, Big Living* on the DIY network.



2

[ 2 ] **Yasmine K. Key, DNP ’12, MSN ’06**, joined the UTC staff in March 2018 as director of Student Health Services. She has extensive experience in primary care and, most notably, started the Student Health Services at the Baylor School in Chattanooga. At UTC, she is responsible for the day-to-day operations of the Student Health Center, which provides care for UTC students.



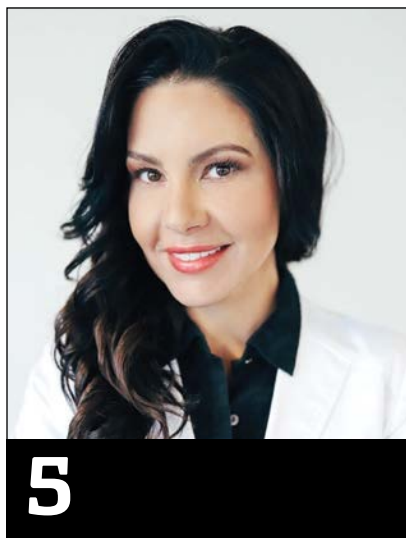
3

[ 3 ] **Katina Currin, DNP ’10**, is a certified registered nurse anesthetist in Atlanta, working as an independent contractor with hospitals, ambulatory surgery centers and office-based settings. She also is a children’s book author and her first book, *Nosey Nancy and the Neverending Nosebleed*, will be available Spring 2019. It is the first book in a series titled “Nurse Nee Nee.”



4

[ 4 ] **Leah Watson, MSN ’06**, is a certified registered nurse anesthesiologist with her own practice—Watson Anesthesia Group—in Dayton, Tenn. She is currently providing anesthesia care at Rhea County Hospital.



5

[ 5 ] **Dr. Alisha Armstrong, DNP ’13**, opened her Chattanooga aesthetics nurse practitioner practice in a single, rented room in May 2017. A certified pediatric nurse practitioner, she recently moved to a 1,200-square-foot facility and has hired an aesthetician and retired plastic surgeon.

# Nursing in the land of 100,000 glaciers

BY LAURA BOND

**APRIL SHADRICK’s workplace isn’t a clinic or a hospital. It’s in the wilds of Alaska, where she often does her work from several thousand feet above ground.**

As a flight nurse living in Nome, a tiny town (population about 3,700) located on the shores of the Bering Sea, the UTC nursing graduate says landing in the town in April 2013 was “stepping into a time capsule.” “I was shell-shocked to say the least,” she said. “I arrived at 9 p.m., and the sun was shining like it was noon. The town only has dirt roads and two general stores.”

For Shadrick, there is no typical work week. She is trained to provide medical care aboard a fixed-wing plane, though the rough terrain of Alaska also means she regularly travels by ATV or snowmobile. Her medical team provides care to the residents of Nome and more than a dozen neighboring villages. And her job can be risky. In one incident, she was separated from her co-worker during a trip to see a patient at a nearby clinic. When he didn’t arrive, she sent a team to look for him. “The driver decided to take a shortcut over a frozen pond that could not withstand the weight of the snowmobile, the driver and my co-worker. In the end, everyone fared well, but it could have been fatal,” she said.

While previous experience working in emergency rooms and intensive care units in the South prepared Shadrick for her Alaskan job, she’s still getting used to the cold. Temperatures in the winter months there can dip as low as minus-30 degrees. “It makes me wonder why I’m not working in Key West, but I love being able to enjoy the outdoors while at work. The view from my ‘office window’ is from a plane, looking down at the world below.”

While in Alaska, Shadrick continued her education through the UTC School of Nursing’s RN-to-BSN Gateway program, a fully-online program that enables working registered nurses to obtain a baccalaureate degree in nursing while maintaining their roles in career and family. “The program has really broadened my horizons. It opened my eyes on how nursing impacts society. The work is thought-provoking, and the professors push for more. It made me become a better nurse,” she said.

She also compliments the flexibility of the program. “If the program had not been offered online, my return to school would not have been possible. I work fulltime and I’m a mother of two daughters, and yet, I was still able to complete all my school work without feeling overwhelmed,” she says.

The lives of indigenous Alaskans are far different than the lives of someone raised in Tennessee, according to Shadrick, so her learning curve was pretty steep. But now that she’s settled in, she appreciates her unique situation. “It was a huge adjustment for me, but I have learned that my culture and their culture can coexist and teach each other things. One culture does not make the other wrong. As a nurse, you come to understand and appreciate cultures different from your own in order to promote healing and wellness.” +



“The program has really broadened my horizons. It opened my eyes on how nursing impacts society.”

”

# Helping the Children in the Eye of the Storm

BY SHAWN RYAN



## UTC CRNA ALUMNAE KEEP CHILDREN'S HOSPITAL RUNNING

**Meghan Duggan's voice wavers and she turns her head away, composing herself.**

Normally talkative and engaging, Duggan, a UTC graduate '16 with a master's of science in nursing, tries to describe her feelings as she watches

Hurricane Irma bear down on South Florida. A certified registered nurse anesthetist at Texas Children's Hospital in Houston, she's suffering a painful case of déjà vu only days after Hurricane Harvey blasted through her city.

"It's hard to watch people suffer," she says after a moment, her voice still a bit wobbly. "It's hard to feel like you want to help and you can't. Being part of the

medical profession, I think you have a helpful heart, but I think you take on a lot of those feelings, too."

Her friend Katie Springer, who also earned an MSN from UTC in 2016 and is also a certified registered nurse anesthetist at Texas Children's, has a physical reaction when she watches news about Irma—something she can't force herself to do very often.

"Literally, arm hair is standing up right now thinking about it," she says.

Their reactions are well-deserved. The pair held down the fort at Texas Children's while Harvey dumped more than 40 inches of rain, displaced more than 30,000 and killed 14 in Houston in August 2017. Part of the hospital's Pediatric Anesthesiology, Perioperative and Pain Medicine team, they were already at work when floodwaters began to rise but, with the hospital virtually an island surrounded by water, other doctors, nurses, and staff were stranded elsewhere.

"We told them, 'You all stay home with your families and your kids,'" Duggan says.

Springer arrived at the hospital about 9 p.m. Friday, Aug. 25, the day Harvey made landfall on the Texas coast; Duggan got there about 6 a.m. Saturday. Both stayed through the weekend working 12 hours on, 12 hours off. Duggan left about noon Monday, Springer about 9 a.m. Tuesday.

Over those few days, time tended to swirl around itself.

"We kept asking each other, 'What is today?'" Duggan says.

With water all around them, no badly injured people could even get to their emergency room, they say, so they spent the days making sure patients in the hospital were safe, both medically, mentally and personally.

"We were not in hot, major action," Duggan says.

And, in some ways, that was worse. Being out of the major devastation, unable to use the skills they learned at UTC, made them feel somewhat helpless.

"Just that survivor's guilt," Duggan says. "It's that feeling that, while we made it out with no scrapes or cuts, but look at everybody else. Some people are really devastated. Sitting on the roof of their house, waiting for rescue."

With text messages pinging and Amber alerts screeching through their cellphones, not to mention constant watch on emails and social media updates from co-workers, friends and family, it "was really challenging to not be out there," Springer adds.

Patients in Texas Children's were effusive in their praise for the care they were receiving, but Springer and Duggan were embarrassed by the praise.

"All these people were like, 'Thank you so much for staying and helping,'" Springer says. "But we wanted to be like, 'Please stop thanking me. I feel like

I'm doing a very small part when your home is being ... You don't have a home anymore."

Like the city and its residents, Duggan and Springer recovered in their own way after Harvey, turning to lessons learned at UTC, their careers in medicine and from treating children.

"When you're so close to such devastation, not even recently with the hurricane but every day—especially with us working with kids," Springer says, "you'll see things that break your heart all the time ... Sometimes you just have to find that way to be compassionate and have empathy but still be able to take care of yourself and separate a little bit." +



Left page: Over two days, Hurricane Harvey dumped more than 40 inches of rain and caused more than \$75 billion in damage across Texas. This page, top: UTC Nursing School graduates Meghan Duggan, right, and Katie Springer, left, helped keep Texas Children's Hospital in operation during the hurricane.



## Self-reliant and flexible

### UTC TRAINING HELPS STUDENT HANDLE HONDURAS



#### It wasn't the ovarian tumor itself that shocked Justus Green. It was the size.

"It was very, very large," he says, spreading his hands to about the size of a football.

Luckily for the patient, a woman from a rural region of Honduras, the tumor was benign. But the sheer fact of its size was evidence that regular medical care was scarce in the area.

"I don't think we'd let them grow that big here," says Green, who recently completed his master of science in nursing with a concentration in nurse anesthesia. After taking his board exam, he is a certified registered nurse anesthetist.

In April, he and another registered nurse anesthetist student, Brennan Vega, traveled to Honduras on a medical mission trip with Ray Alonge, clinical assistant professor in the School of Nursing's nurse anesthesia program. They spent a week out in the boondocks, handling anesthesia duties on gynecological surgeries for women, some of whom have "along the lines of 17 pregnancies and maybe 12 to 13 deliveries," Alonge says.

Many of the surgical procedures involved hysterectomies, tubal ligations and prolapsed uteruses. Green figures he was nurse anesthetist on about 12 surgeries.

Green and Vega "were awesome," Alonge says. In the somewhat "austere" conditions of the Honduran clinic, equipment wasn't always as modern as in the U.S. and some medications weren't available, but the two students were able to "operate a little bit more independently and put the whole package together, so to speak," he says.

In the United States a nurse anesthetist in part of the surgical team, making sure proper procedures are being observed. But in the Honduran clinic, there was never an anesthesiologist; Green and Vega were pretty much on their own. But Green says the training he received in the master's program was key to the sense of self-reliance he felt.

"You come to realize how much you know and how capable you are," he says. "Ray was overseeing us, but it was but more of an independent decision-making."

His education also allowed him to be "flexible," Green says. Overcoming language barriers, equipment differences and other factors are "enough to make you feel a little off-kilter," he says, but "at the end of the day anesthesia is anesthesia. I was able to re-center myself around providing excellent patient care and let the rest roll off my back like rain on a duck. There were no real 'pucker' moments that occurred for me."

Alonge, who has traveled on other medical missions to such far-flung places as Madagascar, Ecuador, Liberia and Togo, says allowing Green and Vega to flex their medical muscles "is a good confidence builder."

Green, who now works for ACE Anesthesia in Chattanooga, says the faculty and staff in the School of Nursing's program "want us to excel."

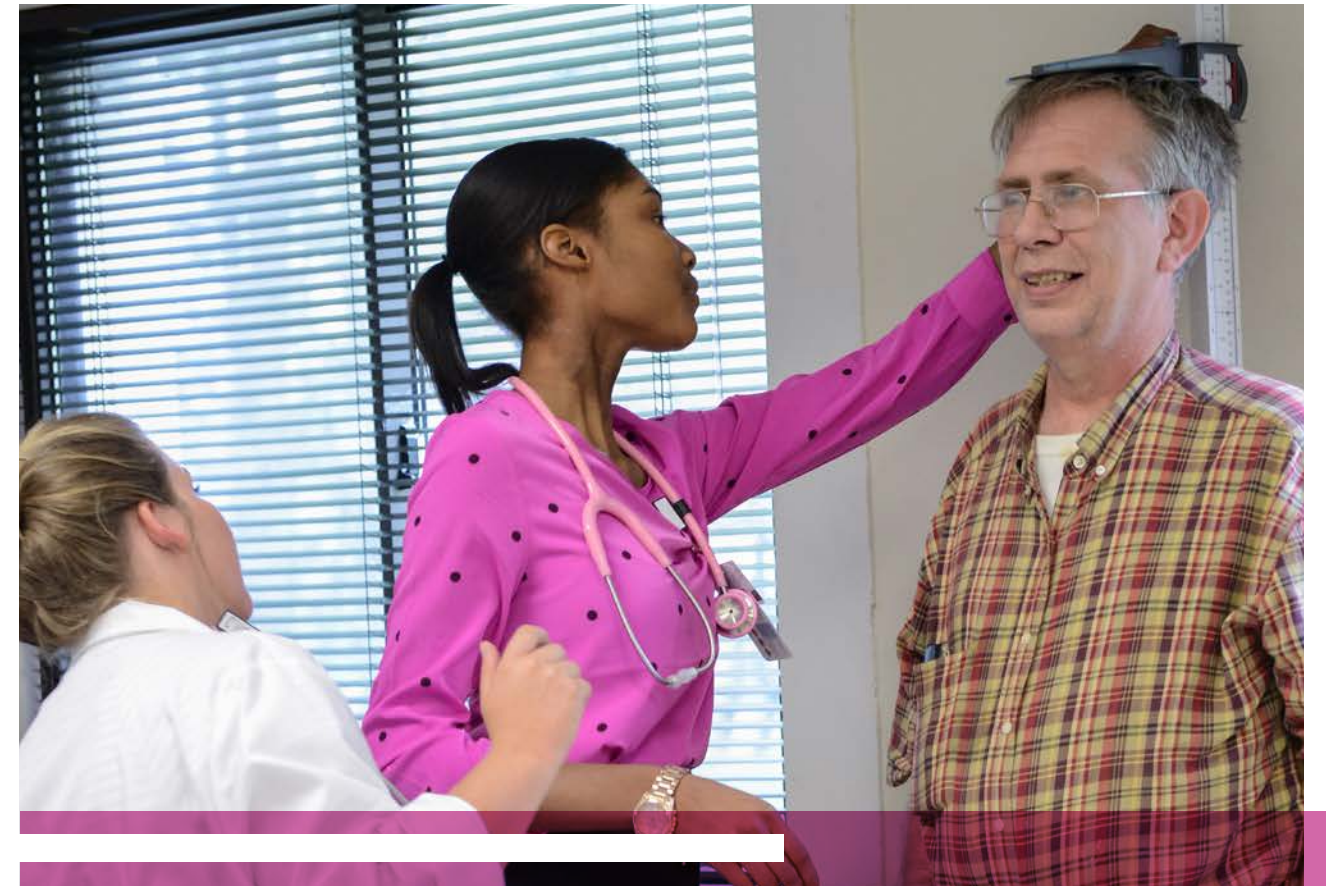
"They want us to be so well-prepared that they would feel comfortable letting us take care of their loved ones. They are invested in us and you can feel it, and I think that is what really makes this program so special."

The end result?

"It will prepare you to be an anesthesia provider the minute you graduate," he says. +



Justus Green, right, gives care to a patient during a medical mission to Honduras. Helping Green and keeping a practiced eye on him is Ray Alonge, clinical assistant professor on the graduate faculty in UTC's School of Nursing.



## Gerontology: MEETING A GROWING NEED

BY SHAWN RYAN

**The man's immune system had kicked into overdrive, pumping out massive amounts of chemicals to fight an infection.**

**In such large amounts, however, the chemicals charged past the infection, causing other parts of his body to swell. The condition, known as sepsis, can reduce blood flow, form blood clots and lead to leaky blood vessels. For this particular patient, it led to multi-organ failure.**

**Janna Evans was trying to keep him alive.**

**A nurse practitioner at Erlanger Hospital, she was well aware that sepsis can be deadly, especially in patients with weakened immune systems. But it also can be successfully treated with antibiotics and fluids.**

**Evans, physicians and other medical staff at Erlanger used drugs to battle the sepsis and a ventilator to keep the man breathing.**

**HE LIVED.**

During the intensive days of treatment, however, Evans says it occurred to her: ‘Wow, this is acute care.’”

It was something of an eye-opening moment for Evans, one of seven students in the Adult Gerontology Acute Care Nurse Practitioner program in UTC’s School of Nursing. The group finished in May, the first graduating class in the program.

The students already were certified as nurse practitioners, and all were working at Erlanger when they began the gerontology program.

## “Gerontology” focuses on helping people through the aging process...

“We collaborate with other specialties better than we did before just because of more exposure to them and getting familiar with them and familiar with what we’re capable of doing,” says nurse practitioner Kelley Hill.

“The clinical part was very beneficial,” Evans adds in something of an understatement considering the man with sepsis.

Hill says she and the other six students also deal with patients sent to Erlanger from other facilities.

“They may have shown up in outside facilities in critical care but they don’t have the means to deal with it,” she explains.

and could even be found in occupational medicine treating work-related injuries,” he adds.

Crowe says the program started about 2½ years ago after Erlanger officials noted that the Chattanooga region had a shortage of nurse practitioners who could bring acute-care training into a hospital.

“In response to the need for these specifically educated nurse practitioners from our local hospitals, UTC started the Adult Gerontology Acute Care Nurse Practitioner concentration,” says Chris Smith, director of the School of Nursing.

caused by high blood pressure calls for an acute care nurse practitioner.

“Gerontology” focuses on helping people through the aging process, taking into account the social, psychological, cognitive, and biological aspects. But it also can include geriatrics, which deals with diseases in older adults.

Several years ago the American Association of Colleges of Nursing changed the acute care nurse practitioner degree to specifically identify the population foci.

“Previously, the term was just

## QUICK FACTS

By 2030, the Chattanooga region’s population over the age of 65 will increase from about **127,000** to **202,000**. Individual statistics include:

**31.5%**  
OF THE REGION’S  
ADULTS ARE OBESE.

**32.1%**  
PERFORM NO LEISURE  
PHYSICAL ACTIVITY.

**1 in 5**  
ADULTS SMOKES.

**17.2%**  
OF THE POPULATION  
HAS A DISABILITY.

**1 in 5**  
RESIDENTS RECEIVE  
FEDERAL NUTRITION  
ASSISTANCE.

**+** NEARLY EVERY COUNTY OUTSIDE HAMILTON EXCEEDS THE NATIONAL HEALTH CARE PROVIDER-TO-PATIENT RATIO FOR PRIMARY CARE PROVIDERS, DENTISTS AND MENTAL HEALTH PROVIDERS.



Now they have either a master’s of science in nursing or a post-master’s certificate to add to already-impressive resumes.

### New skills

Although the students were familiar with the intricacies of medical care in a hospital, they have spent a year working with both physicians in different specialties and other medical professionals at Erlanger. In doing so, they’ve developed new skills or enhanced ones they already have.

### Beginnings

Dr. William Crowe, assistant professor and program coordinator for the Adult Gerontology Acute Care program who also works at Erlanger, says nurse practitioners are spread throughout the hospital.

“We have acute-care nurse practitioners on the stroke team, on the neurology ward teams, with pulmonary critical care medicine teams, with the hospitalist team, with cardiology teams,” he says.

“They are also in the emergency department,

Each word in the program’s title adds to the entirety of its scope.

“Acute care” deals with situations that have gone beyond the state where they can be treated without hospitalization. For instance, high blood pressure can be treated by a nurse practitioner through medication, diet and exercise but a stroke

‘acute care nurse practitioner’ but was changed to show that we cared for the adult population, including the gerontology subset,” says Crowe. “So we care for patients from age 18 until death.” **+**



## Here from the Start

**After 44 years at UTC, Barbara Norwood is retiring.** To recognize her dedication and outstanding service to the School of Nursing, she has been named as the newest professor emerita.

"It's a great honor. I follow in some significant footsteps," she said. She will be the special guest at the NightinGala on Oct. 26, an inaugural event that celebrates nursing and the impact nurses have on patients.

Norwood came to UTC in 1974, the year the School of Nursing began offering courses. Over the years, she has influenced and inspired hundreds, if not thousands, of students, both driving and supporting them to be their best.

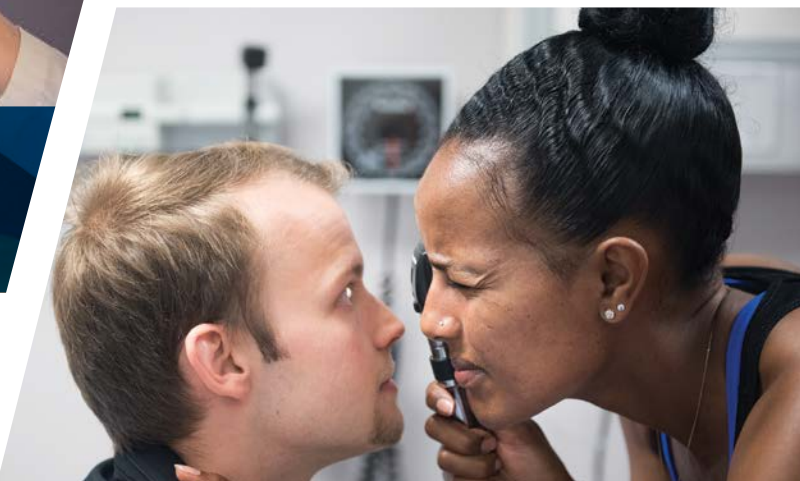
"She wants you to be the very best you can be and she will push you until you think you're going to break. But you won't," said Pam Taylor, one of the original 28 graduates from the School of Nursing. +

- School of Nursing Professor Emeriti**
- **Mary B. Jackson**, Professor Emerita, Founder of the School of Nursing
  - **Barbara Anderson**, Associate Professor Emerita, Ed.D., University of Georgia
  - **Martha A. Butterfield**, Associate Professor Emerita, Master of Science, Ohio State University
  - **Virginia Keatley**, Professor Emerita, Ph.D., Widener University
  - **Katherine Lindgren**, Professor Emerita, Ph.D., Medical College of Georgia
  - **Janet Secrett**, Professor Emerita, Ph.D., University of Tennessee-Knoxville
  - **Margaret Trimpey**, Associate Professor Emerita, Master of Science in Nursing, Vanderbilt University
  - **Judith Wakim**, Professor Emerita, Ed.D., Indiana University



## FAST PACE, FULL SCHEDULE

**B**eing a student in the UTC School of Nursing is much more than classroom lessons. It's many hours spent in clinicals, honing skills in labs, working with living patients, conducting research and participating in community service through health fairs, school visits and other events.





# Nursing the NURSES

BY SHAWN RYAN

**THE HOSPITAL PATIENT IS A BIG GUY. REAL BIG.**

**But he needs to get out of his bed so tests can be run on him in another room. A nurse is there to help him, but she's alone and there's no lift equipment to give her a hand.**

**It's all up to her. And that's where the danger lies.**

"Often they will need to move somebody or help somebody sit or stand, and they can't without hurting themselves," said Dr. Chris Cunningham, UC Foundation Associate Professor of Industrial-Organizational and Occupational Health Psychology.

"There are certain things that they're taught to do right, but in the heat of the moment, say a patient falls or needs immediate help, you can't always do it that way," he said.

Dr. Chris Smith, director of the School of Nursing at the University of Tennessee at Chattanooga, said injuries to muscles and bones are the No. 1 problem faced by nurses.

"Nurses always are at risk for musculoskeletal issues due to improper body mechanics — injuries to neck, back, shoulder, knees in particular," she said.

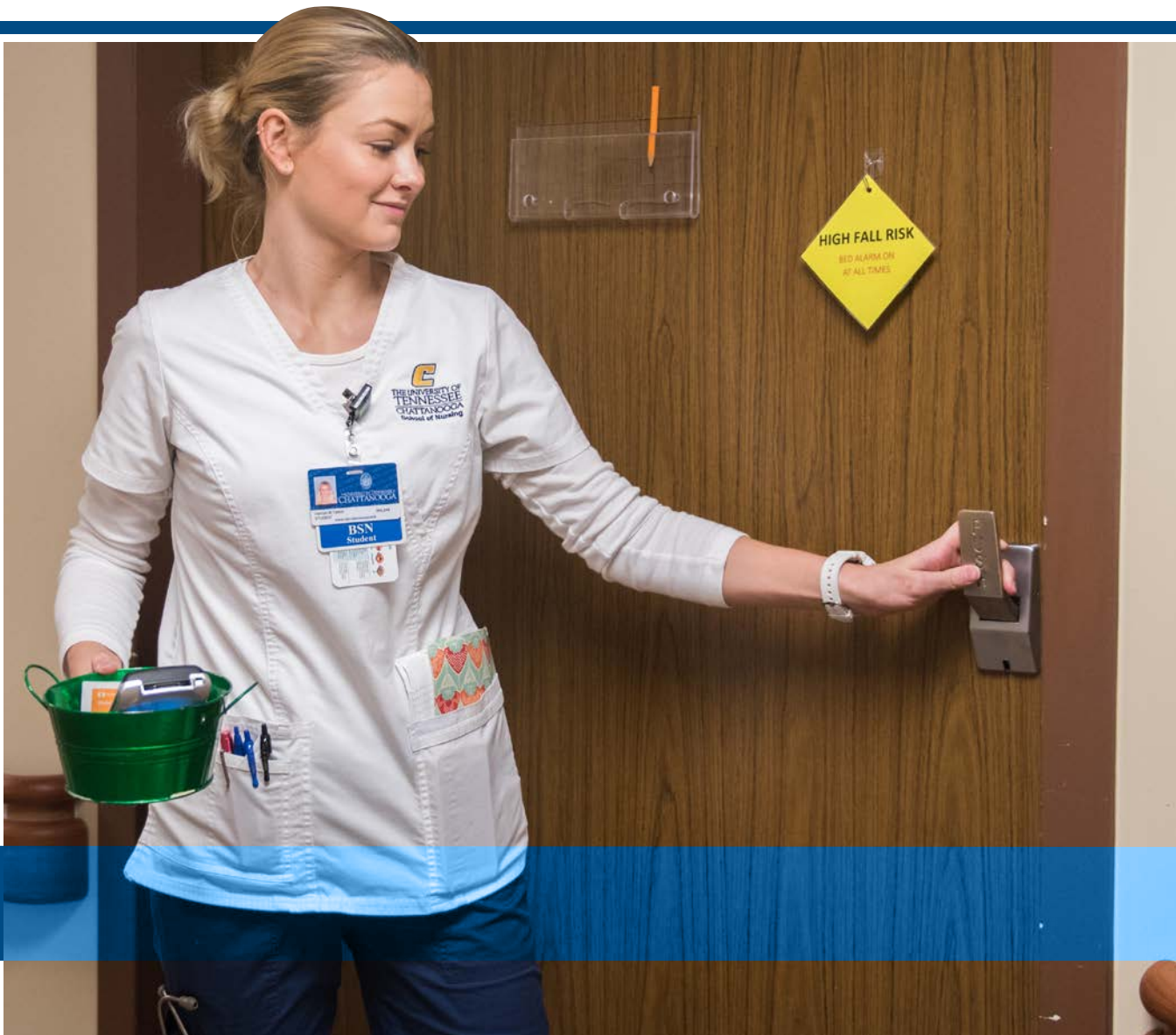
Working nurses also must deal with such hazardous issues as needle sticks, falling, even violent and uncooperative patients.

Preventing injuries of all kinds is the goal of a study Cunningham has started through the Department of Psychology and in collaboration with the safetyCures group of the Chattanooga Regional Health Innovation Coalition.

The fact that nurses get injured on the job "is not news," he said, "but we haven't seen a good chronicling and documentation of this."

Such injuries cost the healthcare industry about \$20 billion a year, said Cunningham, pointing to statements and evidence from governmental agencies, public health professionals and peer-reviewed studies.





“What we’re trying to do with this project is gather information from both sides, from the education side and the practice side, and start to identify: Where are these gaps — if they’re there,” he said.

“And if we do identify gaps — and we think we probably will — what can we do about it?”

At UTC, techniques to prevent injuries are part of the regular curriculum in the School of Nursing, Smith said. Skills outlined in 2007’s Quality and Safety Education for Nurses project, which looked at areas where nurses might be at risk for hurting themselves in their daily jobs, are incorporated throughout the coursework, she said.

For the study, Cunningham has reached out to healthcare providers and educators throughout the city and the region.

“We’ve spoken to three or four nursing programs regionally, another five or six to connect with and then we’re trying to line up healthcare partners,” he said. “And we’re trying to line up three or four of the

hospitals in town and a couple of the private clinician practices that have fairly large nursing staffs.”

Anecdotal evidence from working nurses also is being figured into the equation, he said. Some who have returned to UTC to pursue Doctor of Nursing Practice degrees described what has happened to them while dealing with patients, he said.

“They said, ‘There’s what we’re taught and then there’s what we’re supposed to do and then there’s the reality,’” he said. “Just hearing from them tells me we’re on to something.”

But he insists the ultimate goal of the study is not to point fingers, saying ‘You’re doing it right and you’re doing it wrong.’ “The lines are too blurry to make such distinctions,” he said

“It’s not our intention right now — or at any time — to say the way it’s being taught in schools is the right way and that practices in the communities have to change,” Cunningham said. “It might be that practice is reality and education has to change.

“We’re trying to be very open-minded about it.” +

cost of nursing injuries to the healthcare industry

**\$20 BILLION /YEAR**

# ADDRESSING THE OPIOID EPIDEMIC



**DR. LINDA HILL from the UTC School of Nursing is one of 19 people named to the Tennessee Commission on Pain and Addiction Medicine Education, which was created by Gov. Bill Haslam to address opioid addiction in the state.**

Hill, program coordinator of the School of Nursing’s Nurse Anesthesia Concentration since 2005, and the other commission members are directed by Haslam to develop standards for the skills, knowledge, education and treatment options that are taught in Tennessee’s medical and nursing education institutions. The goal is to address such areas as proper treatment for pain, safe and effective prescribing practices, proper diagnoses and treatment for individuals abusing or misusing controlled substances.

Under Haslam’s executive order, the standards should cover:

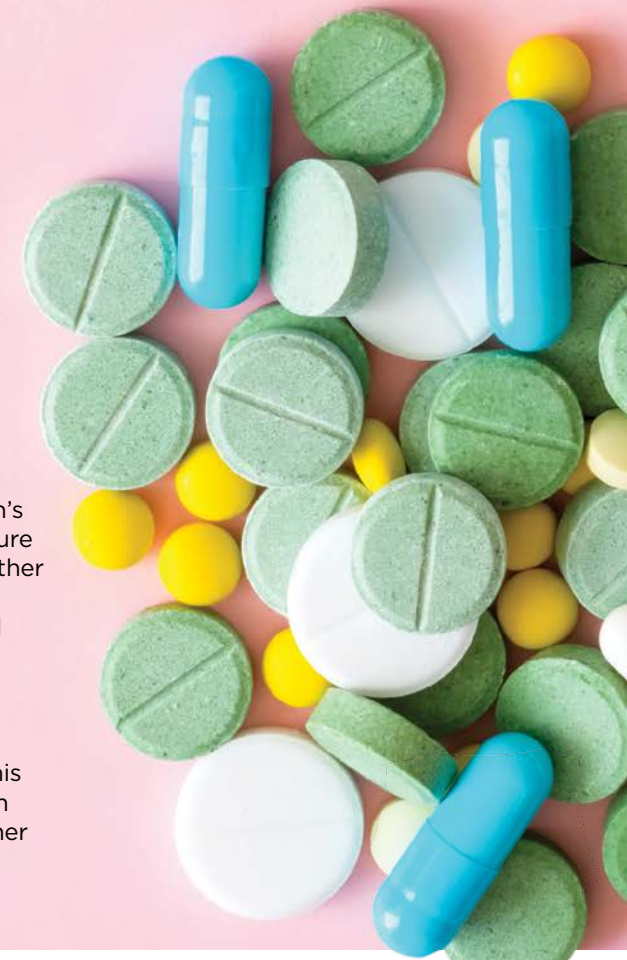
- Effective treatment for acute and chronic pain, including alternatives to opioids to manage pain;
- The potential risks and effects of using opioids to treat pain, including physical dependency and addiction, and effective discontinuation of opioids;
- Proper identification of and treatment for patients demonstrating misuse or abuse of opioids;
- Utilization of the Controlled Substance Monitoring Database

Haslam said the commission’s ideas could be adopted for future doctors, nurses, dentists and other prescribers of pain medication, but teaching institutions would not be required to use them.

“To be clear, this is not us telling medical and health care practitioner schools what their curriculum will be,” he said. “This is a group of professionals from that field who will come together

and design what competencies should be developed around evidence-based pain and addiction management.”

Members of the commission were pulled from the state’s public and private medical schools, the Tennessee Department of Health, professional associations and licensed health-care practitioners. +





**FOR MORE THAN 40 YEARS, THE UTC SCHOOL OF NURSING**  
*has been a dynamic force in providing quality nursing  
education and outstanding health care professionals.*

### **Here's why our students choose us:**

- Undergraduate and graduate degree programs in traditional, hybrid and 100% online formats
- Knowledgeable, dedicated faculty
- State-of-the-art simulation lab
- Clinical experience at local hospitals and other community partners

**Come see us at the UTC School of Nursing to discuss that next step in your career.**

**[utc.edu/nursing](https://utc.edu/nursing)**