

# ON CALL

*stimulating*  
**SIM**

EMBRACING  
HANDS-ON  
LEARNING



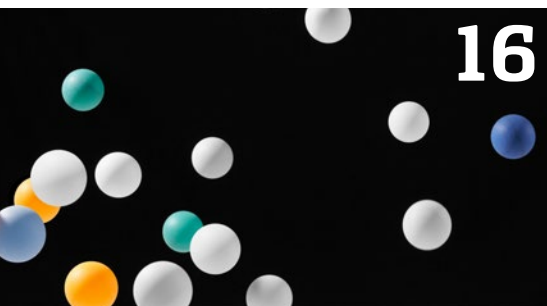
**+** NightinGala  
HIGHLIGHTS  
& IMPACT



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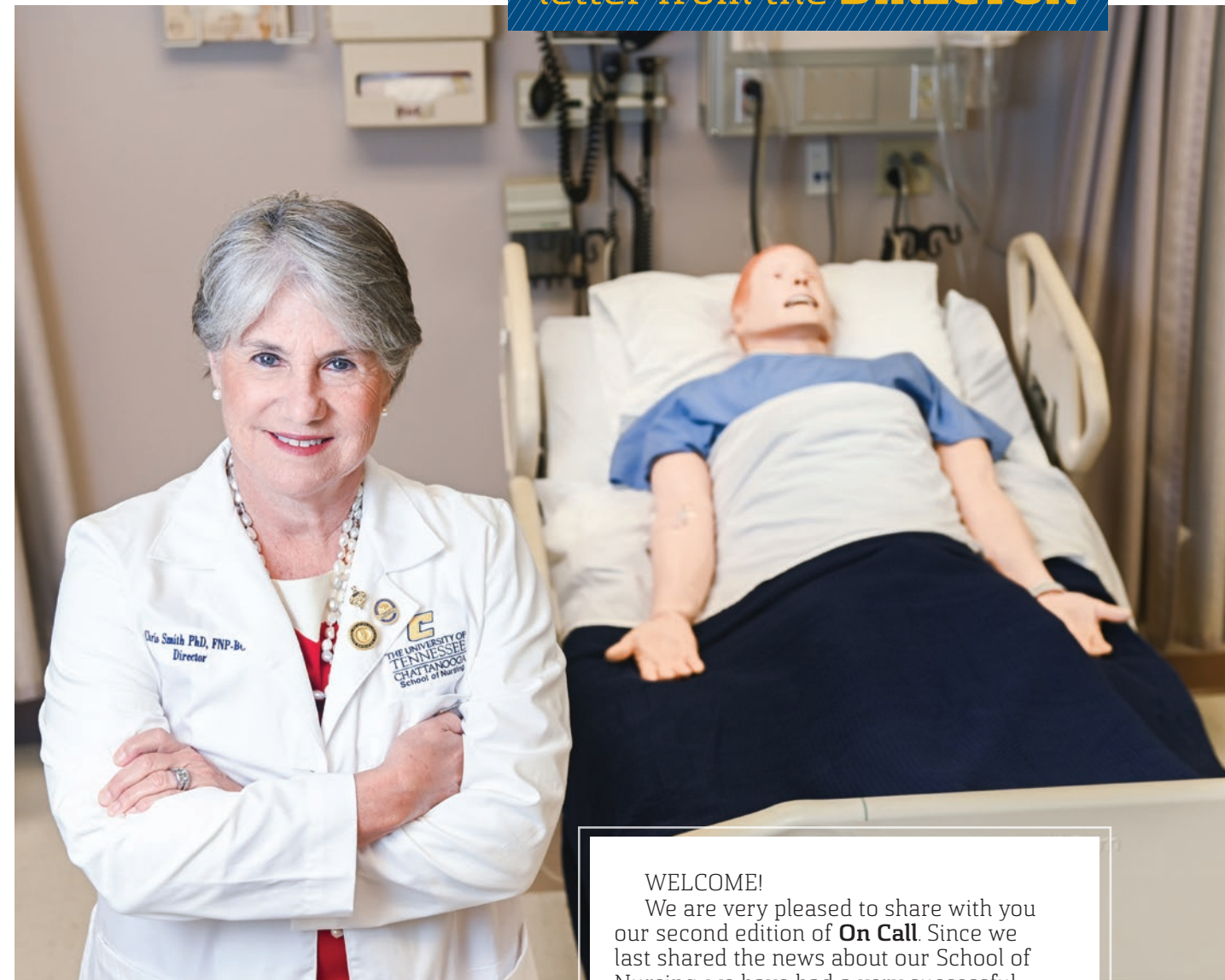


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**NEW CRASH CART FOR THE BSN PROGRAM:** More in this issue on the new learning equipment made possible by last year's NightinGala event.



## ON CALL

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**WELCOME!**

We are very pleased to share with you our second edition of **On Call**. Since we last shared the news about our School of Nursing, we have had a very successful NightinGala, raising over \$40,000 for simulation equipment. You will read about the enhancements to our simulation program in this issue.

We also have been identified as one of the top 50 doctor of nursing programs as well as a Best Online College for 2019 for our registered nurse to bachelor's of science in nursing program.

Our alumni and faculty also are engaged outside of our school in various areas of the profession. Enjoy the piece on work/life balance, a challenge for them as well as the rest of us.

Our commitment to our students, our alumni and our community remains our focus. Please feel free to stop by and visit.

Christine B. Smith  
Director of the UTC School of Nursing



BCBS TN SCHOLAR

**CHYNA GERMANY**, who plans to graduate in May 2021 with a bachelor's of science in nursing, was awarded a \$10,000 scholarship from BlueCross BlueShield of Tennessee and the National Association of Health Care Executives of Memphis. The Nashville native says the scholarship will help her pay for tuition and books for the 2019-2020 school year. She says being chosen for the scholarship "makes me feel as though all the time and hard work I have invested into my education means something and is noticed by others. This scholarship puts me in a place where I will be able to leave undergrad with minimal debt and further my education so that I can be where I have wanted to be as an OB-GYN nurse practitioner."

**\$1.4-MILLION GRANT CONNECTS UTC TO COMMUNITY**

Over the next two years, using a \$1.4-million grant, the UTC School of Nursing will train its family nurse practitioner students to deal with community health problems across seven counties in and around Chattanooga.

They will discuss regional medical issues faced and how to approach them. UTC hosted the Urban Health Disparities Conference on campus.

**MAKING A MARK**

Three students in the doctorate of nursing practice program have presented their research at prestigious conferences this year.

- **COLLEEN MOSS** presented her research at the 2019 National Association of Neonatal Nurses Research Summit in Scottsdale, Ariz. Her presentation titled "Mentoring New Graduate Neonatal Nurse Practitioners" also has been selected for an encore presentation at the 2019 NANN Annual Conference in Savannah, Ga., which runs from Oct. 9-12.
- **JAMIE RUSSELL** presented a poster at Sigma Theta Tau International Conference in New Orleans on "Sexual Assault Education on a College Campus: A Trauma Sensitive Approach." She also participated in a "rapid discussion session" at the conference.
- **BRITTANY HASKELL** presented a poster at the Gerald S. Gotterer Health Professions Education Research Day at Vanderbilt University in Nashville. Her topic was "Standardized Patient Facilitated Simulation for Behavioral Health Nurse Residents."

**NEW ASSOCIATE DIRECTOR NAMED**

Angel Collier has been named the associate director of the School of Nursing. In her duties, she will have direct responsibility for the undergraduate program. The two tracks in this program include the traditional bachelor's of science in nursing program and the registered nurse-bachelor of science in the nursing Gateway program.

She will assist the director, Chris Smith, by working collaboratively with faculty, coordinators, level facilitators, School of Nursing faculty committee chairs, staff and the director to maintain high-quality and student-centered programs.

In addition to participating in the preparation of class schedules, Collier will monitor clinical requirements for adjunct and full-time faculty, ensuring that all are current at all times. She will work in concert with the director to maintain our clinical and community partnerships and explore new collaborative relationships and partners.

Collier earned a doctor of philosophy in nursing from East Tennessee State University in 2017. Prior to that, she earned a master's in nursing education from the University of Phoenix and a bachelor's of science in nursing from Kennesaw State University.

She joined the UTC School of Nursing faculty in 2010. Most recently, she served as the undergraduate coordinator, overseeing the program. She managed day-to-day undergraduate student issues and concerns and is currently leading the faculty in a major curriculum revision, the first in more than 10 years.



**98.7 PERCENT SUCCESS: MOST UTC NURSING GRADS PASS NCLEX ON FIRST TRY**

Almost 99 percent—98.7 to be exact—of UTC nursing graduates passed the National Council Licensure Examination on first try in 2019. Anyone who wants to practice nursing in Tennessee must pass it.

Since 2007, the average percentage of UTC students passing the test—known as the NCLEX in nursing circles—on first try has been 95 percent. In 2018, UTC's pass rate was 98.72 percent. The average pass rate for all nursing programs in Tennessee was 92 percent.

In the last 12 years, the UTC School of Nursing's percentage has never dropped below 88 percent.

**NURSING STUDENTS RESEARCH PRESENTED IN CALGARY CONFERENCE**



Research projects developed by UTC undergraduate nursing students were chosen for presentation at the prestigious Sigma Theta Tau Global Nursing Excellence Congress. These projects, which were the culmination of group work in the fall semester, were presented by three of the School of Nursing's graduates.

"This is the big show," said Kate Kemplin, assistant professor in the School of Nursing. "They're looking for someone who has high efficacy at the undergraduate student level, whose work stands out as particularly innovative or rigorous at unexpected levels."

In July, Karina Kraevsky, Mackenzie Lefler and Ben Woods presented their fellow students' research at the conference, held in Calgary, Canada. The research was so impressive, they were allowed to present from the podium, an even larger honor.

"These students are beating out tenured nurse scientists from the Ivy League," Kemplin said. "The stuff they've come up with is so creative, it rocks the boats."

Kemplin, who also presented her research at the conference, said she throws down the research gauntlet right from the start.

"The very first day I tell them to think of something that you've seen professionally or clinically; something you wonder about; something that bothers you," she says.

Kraevsky presented her group's project, titled "Nice Girls Finish Last: Acquiescent Assertiveness Attributed to Workplace Violence Exposure and Uncivil Nursing Encounters."

"All workplace violence is concerning, but most alarming here are substantial reports of nurse-to-nurse microaggressions and belittling behavior," she wrote. "Nurses—female nurses in particular—continue to experience all-source violence at unacceptably high rates, and reported sexual harassment via supervisors in this study further indicates lack of progress in eliminating professional oppression and subjugation."

Lefler presented her group's work, which examined nurses preparedness for natural disasters, in "This Is a Disaster!: Disaster Preparedness in Nursing Curriculum."

"Globally, natural and manmade disasters are an imminent threat," she wrote. "Despite these threats, to our knowledge, no formal nursing curricula prepares nurses for these threats. Nursing as a science and profession is woefully unprepared to address disasters. Failure to institute disaster-preparedness curriculum will lead to global and local humanitarian crises."

For their project, Woods' group looked at the rise of patients who refuse to be vaccinated after reading posts on websites.

"Vaccinations have been widely used in society to prevent communicable diseases, however, there is a growing trend in social media and medical folklore depicting vaccines to cause adverse effects. Due to this spread of false information, some parents are refusing to vaccinate their children resulting in a subsequent resurgence of vaccine-preventable disease," he wrote in "Shots Fired: Significant Differences in Vaccine Knowledge Found Between Information Sources, Clinicians, and Laypeople."

**DNP PROGRAM EARNS NATIONAL TOP 40 RANKING**



The School of Nursing doctorate of nurse practice program has been ranked among the best in the country.

In a list of the Top 50 DNP programs in the U.S., UTC's is No. 40, according to Study.com, an online educational website to help students from high school to college in their careers.

"We evaluated hundreds of DNP schools for this list and selected the University of Tennessee at Chattanooga based on academic and career resources for DNP students, the quality of education, faculty and more," Study.com said.

Bernadette DePrez, coordinator of the DNP program, says being recognized "as a top 40 DNP school for affordability, accessibility, quality and value is an honor and signifies the commitment of the UTC School of Nursing and dedicated DNP faculty to assist students to meet their personal education goals."

"The UTC DNP program strives for excellence by providing a curriculum with practical practice application of evidence-based health-care solutions," she says. "Faculty work one-on-one with busy health-care leaders to meet their individual learning objectives in an online environment."

The program began in 2010 and graduated its first class in 2012. 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 qualified to teach future clinicians and leaders in the profession.

In 2018, the Commission on Collegiate Nursing Education granted the program accreditation that lasts until June 30, 2028.



# NightinGala



David Costellow, Director of Community Engagement for the Chattanooga Community Kitchen, recipient of the Outstanding Community Partner Award



Linda Ridley, Ted Nelson and Angela Basham-Saif



Judy Wakim, Mary Tanner, Martha Butterfield, Shirleen Chase, Cherry Guinn, Joanie Jackson and Barbara Norwood



Judy Buhrman, recipient of Outstanding Nursing Alumni Award



Members of the inaugural 1973 Society are, first row from left, Judy Buhrman, Mary Jo Blanton, Chris Smith, Bernadette DePrez and Priscilla Simms Roberson; second row from left, Becky Barnes, Bill Crowe, Ted Nelson, Candie Bishop, Gretchen Davis, Laurel Rhyne, Martha Butterfield and Nancy Stephens. Not pictured: Theresa Coker, Kelli Hand, Linda Hill, Pam Taylor, Lady Rebecca Lorraine Thomas.

A \$1,000 donation secures membership in the 1973 Society, with the first 25 members designated as Charter Members. Donations can be made in installments. The society is named in honor of the School of Nursing's founding year at UTC.

[utc.edu/nursing/1973](http://utc.edu/nursing/1973)

Last year's inaugural NightinGala event was a huge success, and this year's will be even better. The event is set for 6:30 p.m. on Friday, Nov. 8, in Stratton Hall. It will include cocktails, dinner and dancing.

The NightinGala also will feature several different ceremonies to thank and honor members of our School of Nursing family. The purpose of this annual event is to provide ongoing support for the School of Nursing's state-of-the-art simulation program. Last year's event raised more than \$40,000 to help purchase equipment for our simulation experiences, which are critical elements for the School of Nursing's education programs. The equipment purchased included:

- Intensive Care Unit Total Care Bed
- Two Medical/Surgical Beds
- A Crash Cart
- Four Prostate Trainers
- A Sonosite Ultrasound for Nurse Anesthesia
- A Tap Block Trainer for Nurse Anesthesia
- A Backup Recording System for the current audiovisual system
- Two iPhone Otoscopes for Ear Diagnostics

In addition to the generous support from the 1973 Society charter members, the 2018 NightinGala corporate sponsors that made these equipment purchases possible included:

- **Lead Sponsors:** CHI Memorial, Erlanger Health System
- **Gold Sponsor:** Parkridge Health System
- **Sapphire Sponsor:** Tennova Healthcare
- **Crystal Sponsors:** 3H; Digestive Care & Management; University of Chattanooga Foundation; Christine Smith; UTC College of Health, Education and Professional Studies, Chattanooga Area Nurses in Advance Practice and the UTC Nurse Anesthesia Faculty

Winners of the Outstanding Nursing Alumni Award and Outstanding Community Partnership Award also will be announced at NightinGala 2019.

The Outstanding Nursing Alumni Award will be presented to an individual whose achievements as a nurse have been exceptional and who also has mentored the growth and development of other nurses. The Outstanding Community Partnership Award will be presented to an individual, agency or organization recognized as a major community partner with the UTC School of Nursing.

In both categories, the winner must be a mentor



Becky Barnes, Sue Swanson Mason, PJ Zielke Auger, Martha Butterfield and Barbara Norwood

to nurses, helping influence health-care delivery and service at local, regional, state, national or international levels and making contributions to education, nursing administration, research and/or health policy.

If you would like to submit a nomination for either category, go to [utc.edu/nursing/nightingala](http://utc.edu/nursing/nightingala). Winners will be selected by NightinGala committee members in a blind review process.

## IF YOU GO...

**What:** NightinGala

**When:** Friday, Nov. 8, 6:30-11 p.m.

**Where:** Stratton Hall

3146 Broad St.

Chattanooga, Tenn.

**Tickets:** \$75 per person; \$30 from each ticket will support student learning in the UTC School of Nursing's Simulation Center, a state-of-the-art facility that enables UTC nurses to enter the workforce practice-ready.

**Information:** (423) 425-1741



# Stimulating Simulation

UTC SCHOOL OF NURSING EMBRACES HANDS-ON LEARNING BY SHAWN RYAN

In today's world, a nurse deals with far more than treating illness, dealing directly with patients in both life- and non-life-threatening situations or handling administrative tasks. The day's events often straddle the lines between hands-on medicine, social work, psychiatry, the realities of daily life and understanding cultural differences.

Classroom work and in-hospital clinical hours, although essential, are not enough. That's where simulation work comes in. In a safe environment where the stresses of life and death are removed, students can learn new techniques, encounter unusual patients and practice invaluable skills that will be needed in their careers.

The UTC School of Nursing is committed to providing simulation experiences for students, giving them an education that provides an extra level of knowledge and understanding as well as more confidence that they can carry into their career.

Dealing with patients living in poverty, having difficult conversations with sometimes-difficult patients, learning how to use crash carts, and ultrasound equipment to show nurse anesthetists how to locate veins are among the simulation programs in the School of Nursing.

## Safely stressed

Rosebelle Peters stood next to the man in the hospital emergency room, a knot in her stomach. A nursing student in Georgia at the time, she was facing her first real-world experience — cardiac arrest.

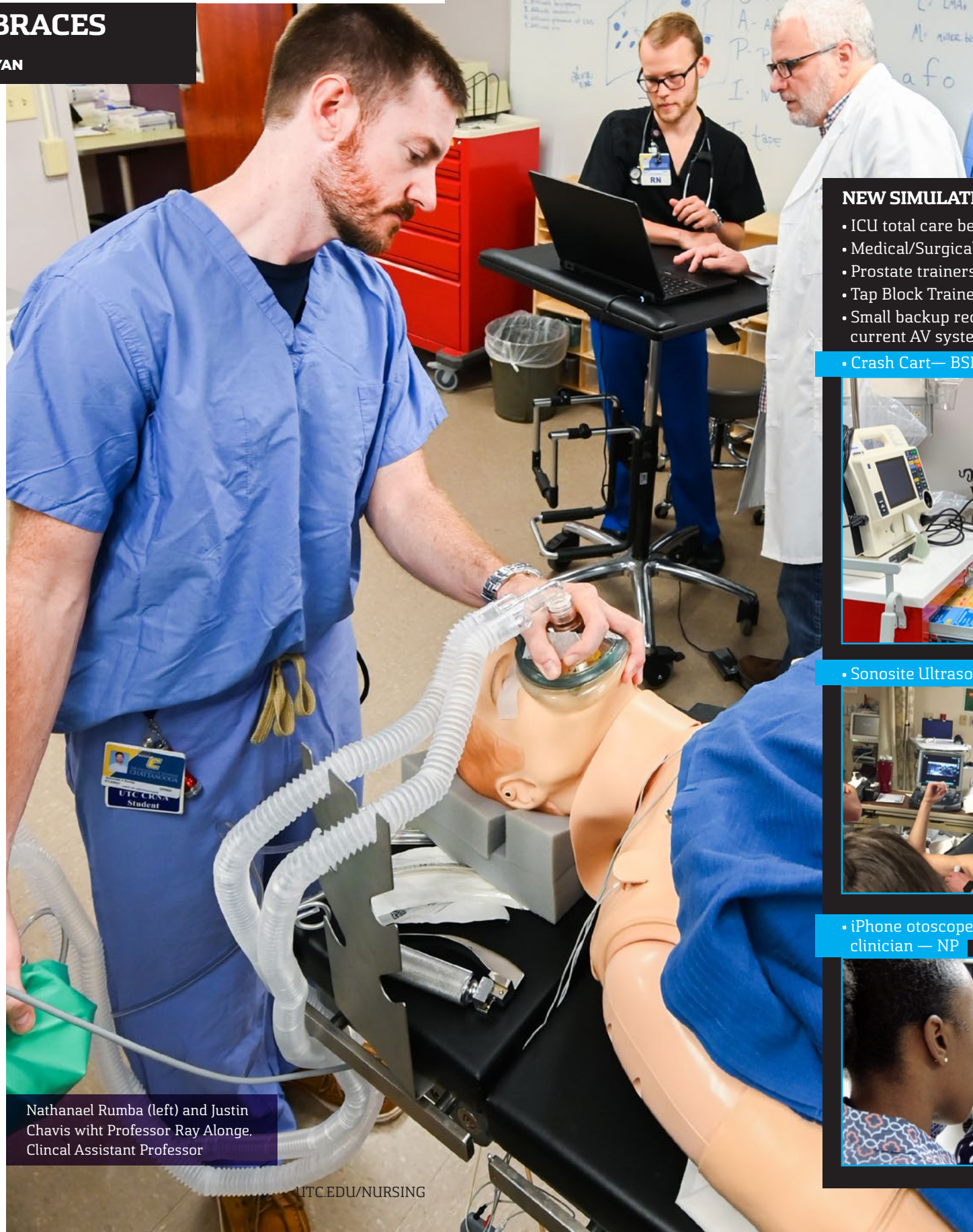
"I was, 'Oh my gosh, this person is gray! I was profusely sweating,'" she says, her hands starting at the top of her head and dropping down to her waist to demonstrate the perspiration flow.

The man survived, but the situation left a lasting impression.

"I am not traumatized; I'm not saying that," she says, but she admits that a little more hands-on experience in school would have helped. "It would have been different. A little less sweaty."

That's why Peters, an associate lecturer in the School of Nursing, is so excited about the new simulation crash cart purchased a few months ago by the school. With it, students can practice the step-by-step procedures of dealing with a patient in cardiac arrest, including the syringes and medications needed in an emergency.

The crash cart started its simulations in fall semester 2019, along with a new simulation ICU bed and a



Nathanael Rumba (left) and Justin Chavis with Professor Ray Alonge, Clinical Assistant Professor

pediatric mannequin. Practicing on the devices will build students' confidence "because they already know how to use it," Peters says.

"Having to operate it in a safe environment, in a simulation, gives them that confidence, and when a student is confident, they will perform better.

"I was a middle school teacher before I was a nurse, so my thing is making it real for my students because that's how they learn," she adds.

Ray Alonge, a clinical assistant professor in the nurse anesthesia program, agrees. Simulation exercises are a key element in the program, whether it's learning the steps to anesthetize a patient, dealing with a

## NEW SIMULATION EQUIPMENT

- ICU total care bed — BSN, NP
- Medical/Surgical beds — BSN, NP
- Prostate trainers — NP
- Tap Block Trainer — Anesthesia
- Small backup recording system for current AV system — All programs
- Crash Cart — BSN

serious operating-room crisis or using the department's new ultrasound machine to locate a tricky-to-find blood vessel for an I.V. — "It's a lot harder than you think," Alonge says.

Along with hands-on practice, simulation exercises also give the students a chance to fail, which is not a bad thing, Alonge says.

"We like them to make a mistake so they can encounter it and we'll talk about it afterward," he says. "What did you do? What could you have done better?"

"It's better to be able to anticipate things than doing what we call 'chasing your tail.'"

Along with the ultrasound device, the anesthesia program also has four set-ups with anesthesia machines and mannequins that simulate an operating room and teach students the steps needed to safely put a patient to sleep before surgery.

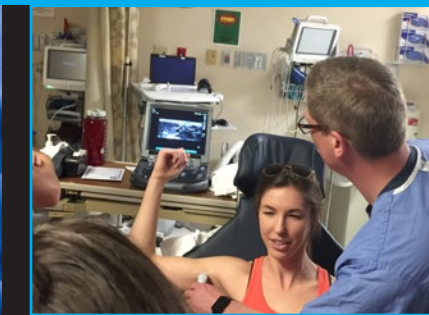
In a recent lab exercise, Evan Taylor stands in front of an anesthesia machine, a mass of knobs, computer screens, tubes, gauges and other inscrutable equipment that sometimes beeps. In his first semester in the nurse anesthetist program, he must decipher the machine, figure out what's going on and successfully sedate the "patient."

Alonge stands next to Taylor, nudging him along when he gets stuck or a tad unsure. They talk about backup pressures, air hoses, batteries, bellows, airflow meters, ventilators and pop-off valves as other nurse anesthetist students look on.

"They try to make it as lifelike as they can and see how you'd respond if you were actually in a situation," Taylor says. "The more time you can get in here, the better



• Sonosite Ultrasound — Anesthesia



• iPhone otoscope for ear care for clinician — NP





off you're going to be."

Working in the simulation lab will prepare him for being in an operating room with a living, breathing patient, he says.

"I guess you could just cold turkey go in there, but when you're jumping into that high-paced atmosphere in the hospital, you have a few more things under your belt and you feel more confident."

Anesthesia is "very complex," with multiple steps that must be done in a certain order, Alonge says, and simulation exercises "translate well into the operating room."

"To put someone straight from the classroom into that situation, they have the knowledge base for it, but they don't have the hands-on experiences," he says.

### Understanding Poverty

Pam Camp grew up with a single mother who wasn't making a lot of money, so she intimately understands struggling to make ends meet. She knows the decisions that must be made on a daily basis.

I have to buy groceries so my kids can eat, but what comes first after that? Pay the rent—or part of it—or buy clothes for my children because theirs are worn out? If my child is sick, can I afford to take her to the doctor? And how do I get there? I don't have a car.

Those vivid memories came rushing to the surface when Camp, family nurse practitioner preceptor and clinical learning coordinator in the UTC School of Nursing, took part last October in her first "poverty simulation." In the role-playing exercise, participants are assigned specific life scenarios: Single mom in a low-paying job and raising several children. A parent in jail, so older siblings must raise the younger. Elderly on a fixed income. Evicted family with nowhere to go but a homeless shelter.

Then a disaster happens. A child is sick and needs medical attention. The money runs out so you must get a "quick loan" to pay bills. But you don't have any transportation to do either. Then, because you don't have any money, you are evicted from your apartment. The scrambling begins, and the juggling of priorities becomes a frightening necessity.

In the scenario for Camp, she was fired from her job and evicted. She needed to go to a social services agency for help, but she had no way to get there.

"There was a lot of anxiety, a lot of emotion. I was like, 'I can do this. I grew up rough. I watched my Mama do this. I can do it!'" says Camp. "It took me two weeks to recover."

Camp and Mary Jo Blanton, another School of Nursing FNP preceptor and clinical learning coordinator for the Clinical-Academic Network for Developing Leaders, or CANDL, grant, who also took part in the poverty simulation in October. She says the exercise changed their thinking.

"We have our own kind of preconceived notions and biases about things, and it really helped open our eyes," Blanton says. "Being a nurse practitioner, I've always been in the past kind of guilty about saying, 'You have free clinics; you have these resources; go use them. Why aren't you doing that?' Then after going through that simulation, it's like: 'Well, I see why they don't do that.'"

This past May, the pair held a poverty simulation at UTC with students from several majors. Technically known as the Community Action Poverty Simulation, it was funded through the federal Health Resources and Services Administration and is licensed from the nonprofit Missouri Community Action Network.

Mackenzie Brown, who graduated from UTC in May 2018 with a bachelor's degree in early childhood education and is pursuing a master's with the ultimate goal of being a teacher, participated in the poverty simulation. It was eye-opening, she said.

"During my student teaching, I would get very frustrated when parents would not come to conferences, sign homework logs or return forms, and when students would fall asleep in class or fail to complete their homework," she says. "The poverty simulation provided me with greater understanding of why a family with limited financial means may be unable to do these things."

With the first poverty simulation under their belt, Camp and Blanton plan to do another in November. Other departments on campus—Health and Human Performance, Education, Public Health—are on board, as are such local partners such as CHI Memorial Hospital and United Way, among others.

To truly make a difference, understanding the realities of the lives of those who live in poverty must be a community-wide effort, Camp and Blanton say.

"Our purpose in this simulation is to engage in a shared experience that illustrates some of the structural barriers, as well as some of the personal and emotional

repercussions, people in poverty face," Blanton says.

"The simulation shifts the conversation about poverty from unfeeling statistics to embodied human realities. It is merely a tool to open our hearts and minds. Our success in doing so is entirely upon you collectively. We get out of it what we put in it."

### Patience with Patients

The CT scan proves it—the man has cancer. Now you must tell him. But how to do it in a professional but compassionate way? How to deal with the patient's inevitable emotions?

It was a situation that family nurse practitioner student Grace Bondurant faced.

"People hear the 'C' word and automatically fear the worst," she says. "How on earth was I, as a provider, to find the balance of being realistic and truthful, while also being supportive and inspiring hope?"

"Other things going through my mind at that



Kristi Wick, Vicky Gregg Chair of Gerontology and Amber Roaché NP Program Coordinator

## "With the actors it's just like it was a real patient. It's very realistic..."

time were: How do I show concern without crossing any professional boundaries? Should I reach out and touch his arm or not? He was a man and I am a woman, does that make it inappropriate? Should I answer his questions, or should I continually redirect him to the present moment and the next step in the plan?"

Luckily—if that's the word—Bondurant wasn't in a hospital, dealing with a genuine patient. She was in a lab at the School of Nursing, dealing with an actor from the UTC Theatre Department playing the part of the patient.

"With the actors it's just like it was a real patient. It's very realistic," says Amber Roaché, assistant professor in the School of Nursing and coordinator of the Nurse Practitioner program. "In one simulation, one of our actors was having panic attack, and I thought she was really having a panic attack. I mean, she was that realistic."

Roaché and Kristi Wick, the Vicky B. Gregg Chair of Gerontology, have banded together to create standardized patient programs that give both students, nurse practitioners and faculty a dose of real-life situations but in simulated form.

Theatre Department actors are given a brief rundown of their "medical" situation, as are the nursing students, then the curtain rises, so to speak. None of the scenarios are easy to handle, Roaché and Wick say, but that's the point.

"I realized, as nurse practitioner, I don't tend to let my students have those conversations because I want to protect them from that," Roaché says. But she realized that students need to have those conversations because they're a major part of the medical profession.

Roaché and Wick received grants to fund the simulations; Roaché from CANDL and Wick from the Alliance of Women Philanthropists' Giving Circle. Both grants are used in patient simulation programs; Roaché focuses on the School of Nursing graduate and undergraduate students, while Wick has created an interprofessional program for geriatrics that draws from faculty and students in the College of Health, Education and Professional Studies. "Using all of the health professions under CHEPS, basically," Wick says.

"In September, we're going to be having an interprofessional retreat where we hope to host all the deans and directors of all the different colleges in CHEPS, as well as some of those outlying UTC faculty," she continues.

But the pair also are reaching beyond the UTC campus to "create

partnerships in the community and help solve community issues," Wick says.

Participants in the simulations benefit by learning how to handle the difficult conversations that inevitably crop up with patients in all aspects of their medical care. Those from business, for instance, can discuss insurance and medical bills; physical therapy can teach exercises needed to improve patients' conditions; social work can direct them to community-based services such as financial aid and family counseling.

When nursing students and preceptors participated in the patient simulations then moved into their clinicals, they discovered the conversations they had in the simulation also happened in real life.

"They felt like they'd had that experience so, while it was still a difficult thing to do, they felt like they had the words," Roaché says.

And it's not a case of one simulation and done. After the initial exercise, students come back in a few weeks to talk with patients again and get a fresh read on how they're doing. Students take that follow-up very seriously, Wick says.

"One of the students was really upset because she had recommended that the patient undergo counseling and he hadn't. She said, 'I told you to go to counseling!'" +



Mary Jo Blanton and Pam Camp, CANDL grant NPs



**BRAND-NEW PROGRAM HELPS FORENSIC NURSES DEAL WITH DOMESTIC VIOLENCE VICTIMS**



It's a scary world out there for victims of domestic violence. Along with physical pain and mental anguish comes all kinds of questions. Where can these victims go for help? Who can they turn to for support? If they need medical assistance, how can they get it?

**PRISCILLA SIMMS-ROBERSON,** DNP, NP-C,

SANE-A and assistant professor in the master's nurse practitioner program at UTC, is spreading the word that support is out there. Along with her teaching duties, she is a nursing coordinator at Partnership for Families, Children and Adults, a large nonprofit in Chattanooga.

In 2017, Simms-Roberson and the Partnership landed a grant to fund the creation the Domestic Violence Examiner program, the first of its kind in Tennessee. It's a newer concept in which forensic nurses work closely with victims of domestic violence, performing medical exams and gathering forensic information.

Partnership has a 24/7 hotline in which individuals in need of help due to domestic violence or sexual assault can speak

signs of other problems.

"We assess the patient's health status, but we also can document injuries with photographs and collect DNA if needed so that there is evidence of the assault."

A big part of the program that's different from many nursing roles involves the interactions with other disciplines, she says. Forensic nurses examining victims of domestic violence work as part of a multi-disciplinary team that includes police officers, attorneys and advocates. All the disciplines have different priorities.

"But our priority is the patient's health status," Simms-Roberson says.

While she might be collecting forensic evidence and taking photographs, "our patient's health care is the priority and we put our patients first," she says.

"It's important to develop a rapport with victims to make them comfortable and to get them to open up about their situation," she continues. Due to the in-depth nature of this work, examinations can be time-consuming, lasting from one to three hours.

"We prefer to do these exams in our outpatient clinic because

will 32.5 percent of men.

"But even though we do see men over the age of 13, the majority of our patients are women," she says. "We believe the reason for that is just the community or societal stigma that's associated with men reporting that they're the victims of domestic violence. We wish the stigma would change so that any individual experiencing any type of violence would feel comfortable seeking help."

So it's important that people in the area know this program exists. Simms-Roberson says she and Partnership do a lot of outreach to anybody who will listen about the new program and other forms of assistance provided by the organization's Victim Support Services, which are provided free of charge.

"We love to go around and talk to a variety of individuals in Chattanooga about our programs," she says. "We also focus on speaking to nurses about how they can help identify victims of sexual assault or victims of domestic violence, and then how they can refer those victims to Partnership."

**"Patients may not remember your face or your name, but they'll always remember the way you make them feel.."**

immediately with trained case managers. And with the creation of this new program, case managers can now offer victims an examination by a nurse.

"We obtain medical information and get an in-depth history about symptoms or health-care problems that the patient might be experiencing because of the domestic violence," says Simms-Roberson, who received a doctor of nursing practice from UTC in 2016 and has been a nurse for 14 years.

"Then we perform a physical examination where we take vital signs, listen to the patient's heart and lungs, check neurological signs, assess motor function and inspect the skin for injuries or

it is a much better environment than emergency departments, which are oftentimes very loud and crowded," she says. "Most of our patients are extremely open because they realize that we're here to take care of them."

"Research has shown that most patients who experience either sexual assault or domestic violence do want to get medical care to make sure that they're OK. So a lot of times patients are really seeking out health care if they can obtain it."

Simms-Roberson cites statistics showing that, in the state of Tennessee, 40 percent of women will experience domestic violence during their lifetime, as

Not everyone gets to comfort a stranger on one of the worst days of their lives. For Simms-Roberson and Domestic Violence Examiner program nurses, they have an impact in turning around someone's circumstances.

"I feel like, in this job, I can make a huge difference by hopefully improving or changing someone's life short-term and long-term," she says. "Patients may not remember your face or your name, but they'll always remember the way you make them feel, and I always try to improve some aspect of their lives or situations so they leave here feeling better than when they first came in." +

# Patients in PERIL

BY CHUCK WASSERSTROM



# BULLETPROOF. BY SHAWN RYAN

**C**ollege students often see themselves that way. They're young. In the prime of life. Illnesses? Maybe some sniffles or at worst a cold. Other than that, not so much.

**YASMINE KEY, DNP, NP-C, deals with students' health every day as well as their belief in their invulnerability.**

"This is such a unique time in a college student's life. It is a time of growth and independence and opportunity for intellectual and educational advancement," says Key, director of University Health Services, which each year treats about 7,500 patients—students, faculty and staff.

"We have this really special space in time to empower them, to help them understand more about their health and taking responsibility for making decisions to give them a healthy future, wherever they are in their life. I love that about this opportunity," she says.

That opportunity doesn't just apply to students' health; it goes much further than that. They're lessons that will stay with them forever, says Key.

"I think that they just don't realize sometimes the power that they have over their own choices and how those choices can then impact them for the better or worse in the long run.

"However, we can continue to foster growth in that way and to equip them with skills that can benefit them for the rest of their life. I want to be able to do that."

Key, whose enthusiasm and earnestness virtually radiate

from her, took over as director of Health Services in late 2018 after earning both a master's and doctor of nursing practice at UTC. Over the course of her time in the School of Nursing, she not only took the required courses and practicums, she also loaded up her schedule with various jobs, including in pediatric intensive care at Erlanger Hospital, as nurse practitioner in the Baylor School and as an adjunct professor in UTC's master's of nursing science program.

When she was offered the job at UTC's University Health, "it was a dream opportunity."

"I saw that the University was envisioning a health center that was moving in an incredibly exciting trajectory," she says.

Chris Smith, director of the School of Nursing, says UTC is "so fortunate to have Dr. Key in her dual role.

"As a graduate of our FNP and DNP programs, she has returned to campus and is able to work in the areas about which she is passionate. Health Services on the campus are moving in a very positive direction under her leadership," Smith says.

Among the new outreach programs from Health Services is a partnership with CEMPA Community Care, a local organization that, among other services, provides health-care prevention and treatment services for HIV, hepatitis C and sexually transmitted diseases. At UTC, CEMPA provides free sexually transmitted infections screenings and hepatitis A vaccinations once a month.

"That has taken off like wildfire, and we're probably going to need to add more time in the fall and the spring," Key says. "But it's a service that we're able to offer for students on campus.

It's completely confidential and they're able to get what they need for free if they have any needs in that way."

When it comes to immunizations in general, a recent upgrade in Health Services' computer system has made it easier and more efficient to keep up with students' immunization records. While the information used to be entered manually, now students enter their records on the computer, eliminating the "hands-on" procedure which was, as Key puts it, "a very arduous process."

"Now it is so much simpler and cleaner and more efficient and more accurate in real time. It is a much newer way, a more modern way of managing it."

The position as director of Health Services is "unique," she says, because it includes both administrative, medical and educational elements.

"I have the opportunity to see patients every week as well. I also get to teach in the School of Nursing. I teach in the master's program for the nurse practitioner students, so I get to also work with students in that capacity."

The combination of the various elements that make up her days may be the most satisfying part of her job, she says. Being part of "an amazing team who has vision and drive to move this clinic, to serve the students and this community better, has been more than I could've expected."

"I truly am thankful not only for our team here in this clinic, which is outstanding, but also our campus partners who have been very supportive and encouraging and provided us with open minds and the desire to accept the changes that we're making. It's just been really inspiring, and that's really the best word I can think of." +



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**We have this really special space in time to empower [students], to help them understand more about their health and taking responsibility for making decisions to give them a healthy future...**

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# A LOT OF BALLS IN THE AIR

## MAINTAINING A WORK/LIFE BALANCE CAN BE TOUGH FOR NURSES

BY CHUCK WASSERSTROM

**W**hen Brontë Craig talks about work-life balance as a nurse, she says you have to do one before you can figure out how to do the other.



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**As nurses, we're so dead-set on time management that we never have time to not think about what we're doing.**

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you,” she says. “My apartment was a mile and a half away from where I worked, so I'd walk to and from the hospital every day. I'd use those 30 minutes to get ready for the day or to decompress.

“You saw some horrible things, but you would walk away and have 30 minutes to think about it. As soon as your foot hit the front door, you were done. You couldn't think about it anymore.”

Hatfield, who has 23 years in the field, says it's important to manage your calendar and not let your calendar manage you. To do that, you often must be willing to put away your cellphone.

“With technology, emails, text messages ... now that your computer is in your hand, it's a little harder to unplug,” she says. “So you deliberately have to make it a point to unplug or just leave the phone in the house.

“I block my calendar for some events, and it may be one or two a month,” she says. “You have to pick a few things that are just sacred to your sanity and make a commitment to them. You may not get to them all the time, but you're going to get to them most of the time.”

into doing that. Some weeks I would say I would do it well, and some weeks I probably fail at it miserably.”

Craig has been in several different roles during her young nursing career. While her current position as a family nurse practitioner comes with a somewhat normalized schedule, she learned pretty quickly that “me” had to be part of her daily routine.

“I was an ICU nurse when I first started out (at the University of Kentucky) and I saw a lot of stuff. You can't take your work home with

“It's such an important topic that no one really thinks about until you actually get into your career,” says Craig, MSN, NP-C, who has five years of nursing experience and is about to begin the UTC Doctor of Nursing Practice program. “I don't think you can even know about it until you get halfway into it.

“As nurses, we're so dead-set on time management that we never have time to not think about what we're doing. We try to plan every single day, every single hour. But it doesn't really work out that way.”

For most nurses, it's difficult to thrive in a very demanding profession and maintain a middle-of-the-road work-life balance. Scheduling “me” time can be difficult in a world where so much of your time is devoted to helping others, but those in the field say it's essential that you at least try.

“Health care is an industry that comes with its own stressors in a package, and that is you come to work every day to lift up others,” says Rhonda Hatfield, BSN, MBA, a senior vice president and chief nursing officer at CHI Memorial Hospital in Chattanooga.

“You give patients your time; you give them your energy; and you give them your emotional support and your emotional spirit. But there has to be a little time built into your life to make sure you get that back.

“Usually I chuckle when we talk about it because this is more of a ‘Do as I say, not as I do’ field.

“So when you say work-life balance, I flip to: How do you manage a 24/7 hospital operation and still make yourself available to your family and your own health? That's an acquired skill. You have to put deliberate time

She schedules one afternoon each week for exercise and tries to find a couple of hours each week to sit down with a book that doesn't have “health care” in the title. “Everybody has a different way of dealing with stress and long days. Yes, there is mental exhaustion and there is physical exhaustion, and I would say sometimes there is spiritual exhaustion.”

In 2017, RN Network, which recruits nurses for travel jobs at health-care facilities across the country, surveyed over 600 professionals and discovered that most feel overworked, swamped with paperwork and an overall lack of job satisfaction. Other recent studies have found that nearly 40 percent of registered nurses have experienced feelings of burnout, suggesting the exhausted and stressed-out nurses are more likely to make poor decisions at work.

On the newer side of the spectrum is Bailey Laughmiller, BSN, RN, who graduated from the UTC nursing program in May 2018. She immediately landed a labor and delivery position with the Erlanger Health System and works three 12-hour night shifts every week. She admits it's been hard to find a decent work-life balance during her first year in the field.

“Being in labor and delivery, it's not always rainbows and butterflies,” Laughmiller says. “When you're up all night and you're doing it all the time, you're literally in the dark. People are asleep at nighttime, so it's really easy to be alone. I try to transition back into a normal sleep schedule when I can.

“I definitely have had to learn how to put my mental health first. I make time before shifts to get in a little run or a workout, even if it's just 15 or 20 minutes of daylight. I know I have to give myself a little time in the daylight every day.”

Although he doesn't have overnight stints, Justus Green's hours can literally be all over the clock. A nurse anesthetist with ACE Anesthesia in Chattanooga, Green, MSN, CRNA, works five shifts a week but doesn't learn his schedule until late the previous week.

“Work-life balance implies that there is an appropriate balance between your work life and your relaxation life, but for me, it is way heavier on the work side than the life side,” says Green, who has been a nurse for 10 years.

Green says it's important that he enters every shift with a positive attitude so he can compassionately take care of patients.

“Honestly, I pray every day on my way in from my car to the hospital so I can set myself in the right mindset,” he says.

“We had this saying in anesthesia school of ‘Be like the duck.’ Water runs off your back, and then you've got your little feet under the water going as fast as they can. That's all your stress and anxiety, and nobody can see that. Don't let anybody see the stress. Make sure that everything is smooth around you. So between

**“We had this saying in anesthesia school of ‘Be like the duck.’ Water runs off your back, and then you've got your little feet under the water going as fast as they can.”**

prayer and envisioning the duck, that's how I try to start my days.”

Work-life balance may be a misnomer for most within the nursing profession, but Brooke Epperson, MSN, RN, might actually have it all figured out. Consider what's on her plate: Epperson is a faculty member in the UTC School of Nursing and has two clinical groups a week, which means she's in clinicals at least three days a week. She also is a doctoral student in UTC nursing program. Throw in being a wife and a mother of two—a 17-year-old son and a 4-year-old daughter—and that would seem like a lot to handle.

Just don't tell Epperson.

“When I started out, the biggest thing for me was making sure my family understood my vision and my goals, and that everyone was on board with them,” says Epperson, who has been a nurse since 2006.

“It takes a lot of organization and a lot of scheduling to make sure the kids are where they need to be and everybody is taken care of.

“I have to be able to do what I need to do to be successful as a clinical instructor and as a student. And then as a wife and mom, I need to make sure that I'm fulfilling all the roles that I have taken on for myself. You set a goal, and you have to be determined to see it through and do it well.”

Epperson says she does need a little time to clear her head every day to make it all work, so she joined the YMCA.

“I had to take a stand and say, ‘OK, 30 minutes a day is going to be for my mental health,’” she says.

Between work, school and family, Epperson manages to keep her work-life balance right down the middle of the road.

“Well, I try,” she says with a laugh. “Some days we get close to the ditch, but I try to keep it between the ditches most of the time.”+



Epperson



Hatfield

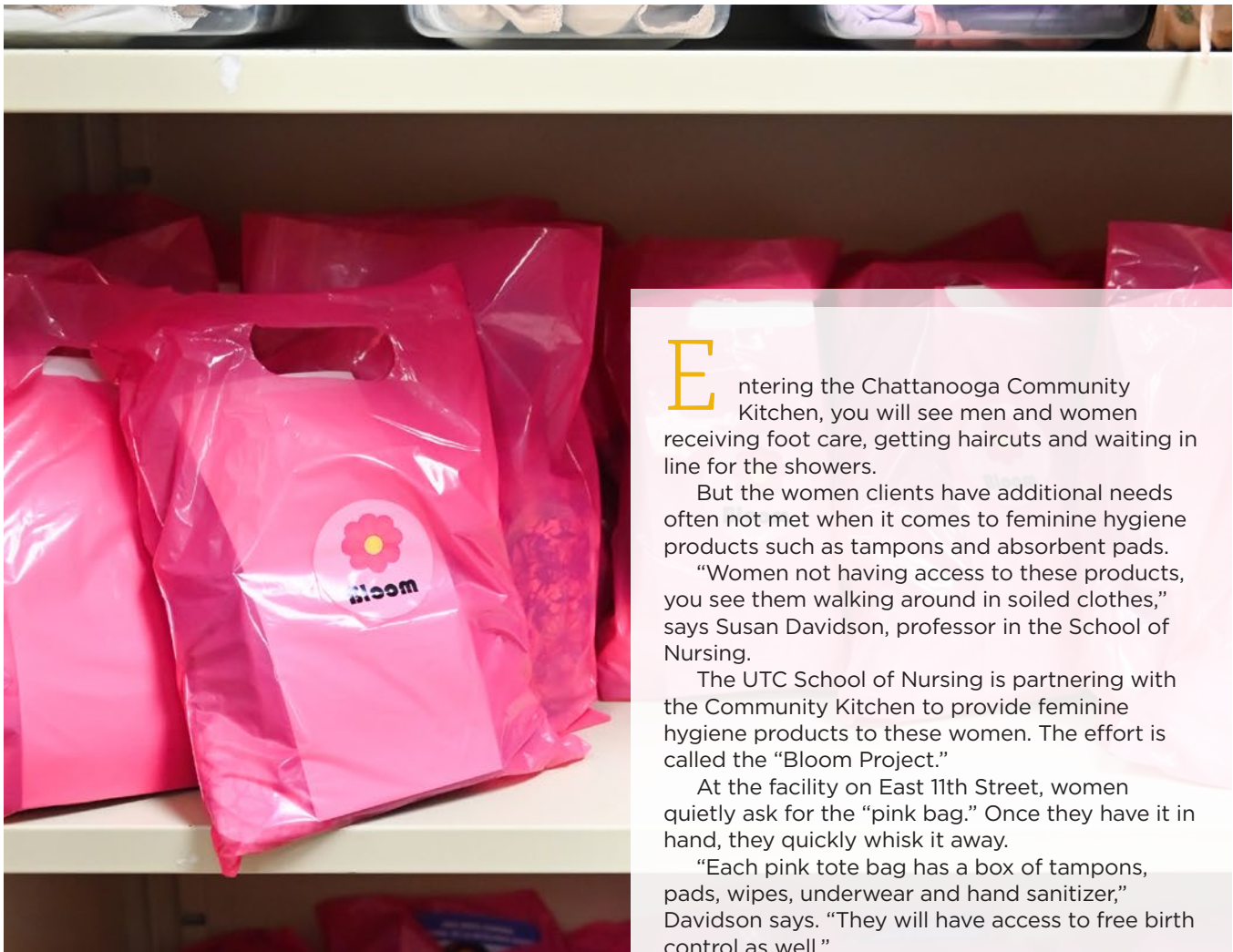


Laughmiller



Green





# IN THE PINK:

## Project helps less-fortunate women with feminine hygiene

**E**ntering the Chattanooga Community Kitchen, you will see men and women receiving foot care, getting haircuts and waiting in line for the showers.

But the women clients have additional needs often not met when it comes to feminine hygiene products such as tampons and absorbent pads. “Women not having access to these products, you see them walking around in soiled clothes,” says Susan Davidson, professor in the School of Nursing.

The UTC School of Nursing is partnering with the Community Kitchen to provide feminine hygiene products to these women. The effort is called the “Bloom Project.”

At the facility on East 11th Street, women quietly ask for the “pink bag.” Once they have it in hand, they quickly whisk it away.

“Each pink tote bag has a box of tampons, pads, wipes, underwear and hand sanitizer,” Davidson says. “They will have access to free birth control as well.”

Nursing student Crystal Rogers says she likes the initiative because it meets a need that doesn’t get a lot of attention from the general public. “As a woman and the life we live, we take things like that for granted,” she says. “We can go to the store and get what we want, and these people are denied that privilege.”

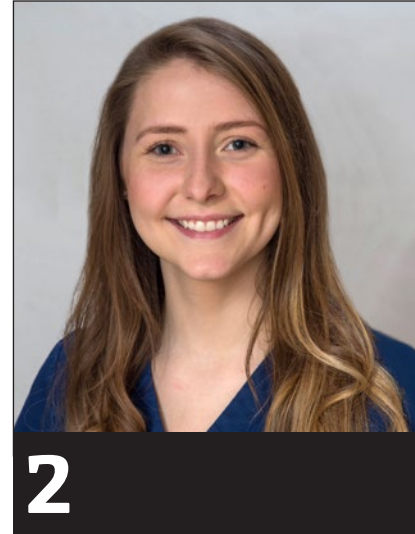
Davidson is leading the effort through the Community Health course taught in the RN-to-BSN program. She says she hopes to give away 500 pink tote bags, and it will be an ongoing “major contribution” for a long time to come.

The products were donated by UTC nursing students, faculty and staff along with others, including on-campus sororities.

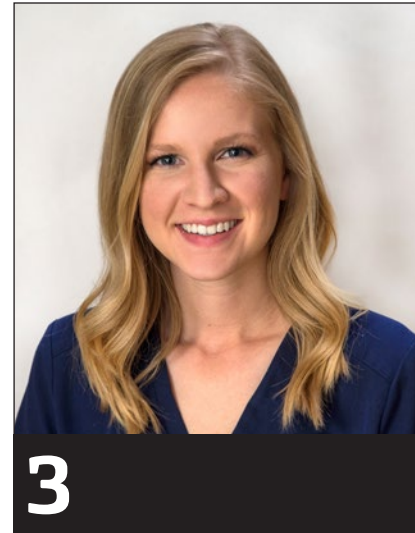
Rogers is encouraged by the outpouring of support for the pink-bag initiative. “There are still good people left in the world.” +

*If you would like to donate to the Bloom Project, email Susan Davidson at susan-davidson@utc.edu.*

[ 1 ] **Michelle Rains, BSN '01**, has been named the director of Coordinated School Health and Health Services and received the Coordinator of the Year award from the Tennessee Department of Education. She used a \$100,000 grant to build a state-of-the-art fitness center for Pikeville Middle School, has written guidelines and brought Telemed into schools as well as Centerstone’s School-Based Mental Health Therapist.



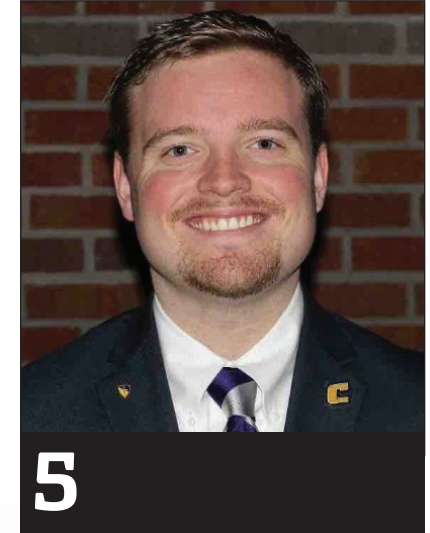
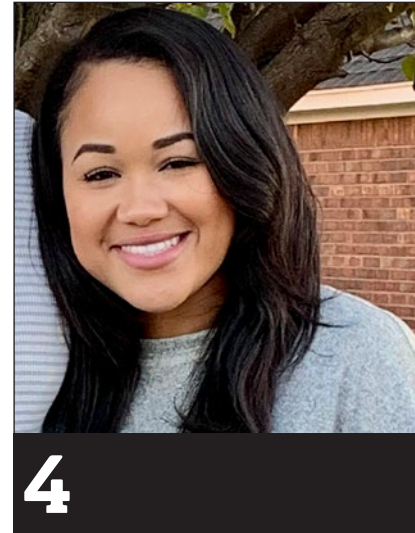
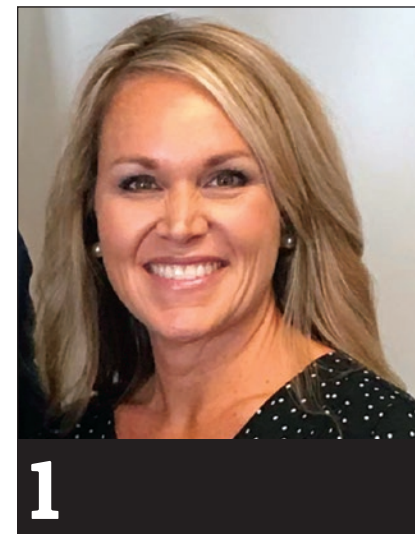
[ 2 ] **Dana Swift, BSN, RN, CVRN-BC '17** and [ 3 ] **Emery Dunn, BSN RN, CCRN '17**, were named 2019 Nurses of Excellence for CHI Memorial Hospital. Swift works in the Intensive Care Unit at CHI Memorial Glenwood, while Dunn works at Memorial’s Mobile Intensive Care Unit at CHI Memorial Hixson.



[ 4 ] **Mya Mukes, BSN '18**, is working in the neurology/stroke unit at Methodist University Hospital in Memphis. She is a charge nurse, a preceptor to BSN students and interns and is applying to graduate programs to earn an MSN/FNP degree.

[ 5 ] **Cody Harvey, MBA, BSN RN '15**, is the executive director at Morning Pointe Senior Living of Chattanooga. He and Chelsea Morrow BSN '15 will be married in November 2019.

[ 6 ] **Jennifer Williams Pipkin, NA '15**, was appointed to the Georgia Board of Nursing by Gov. Brian Kemp. Her husband, Trea Pipkin, is a Superior Court judge in Georgia.





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