

INTERVIEWER: So this interview is between Jane Donaldson Brannon and me, Laura Madden. Today is Thursday, July 14th, 2016 and we're meeting in Jane's office at Kennesaw State University, in the Nursing building, and we're discussing Jane's memories surrounding her time as a student at Georgia Baptist Hospital's School of Nursing in Atlanta Georgia. And you graduated in 1976?

BRANNON: Correct.

INTERVIEWER: So the first question is describe the thought process that went into your decision to become a nurse.

BRANNON: My mom's a nurse, um, and that initially was it, but – and I thought I wanted something in a general science area because that was my strength. So back in – whenever I was deciding – I guess 1973 - I thought I wanted to be a Psychology major because – nobody knows anything else – but the thought process was basically . . . no. And my mom kind of suggested, and actually found a former graduate from Georgia Baptist – we were in Greenville South Carolina at the time, and she said, "I hear that's a great school." She had been to a diploma school herself, my mother, and she thought, um, it would be – you know, that's the only way to go. She had known some Clemson graduates [laughs] and they had a bachelor's degree and they didn't know how to be a nurse. I of course wanted to be a good nurse. I didn't really know a lot about what nursing was, but I managed to scrape together an essay that was required at the time, and, um, decided, that might be a good idea, and I wanted to go a little farther from home, so . . . Georgia Baptist was the decision based on it was a wonderful school.

INTERVIEWER: So, the reputation.

BRANNON: The reputation was all around, all through, and you know, it's good enough for Mom, its good enough for me.

INTERVIEWER: What do you think caused it to have such a good reputation?

BRANNON: The nurses were quite well-prepared. They had tons of clinical, and that was what Mom's friend told her, too, the clinical was excellent. Hospital based, and that's what it was in her day. It was beginning to move by the early '70s, but still they were considered the best nurses. So I guess that's it, more than anything. Lots of experience, and that's the reason, you know, the reputation was there. They had just tons of clinical experience, so that was the thought process, I think.

INTERVIEWER: So you've kind of talked about this a little bit, so what other programs – such as baccalaureate nursing programs – did you consider, instead of attending GBH (Georgia Baptist Hospital School of Nursing)?

BRANNON: I didn't. I did not think of any of them. I was accepted, interestingly enough – I'm the middle child of three girls so I'm the people pleaser. Middle child role is to be the people pleaser. So I had been accepted to my father's school up in North Carolina to study Psychology, but it wasn't to study nursing. They didn't have a nursing program up there. Um, so ended up going to be a nurse down in Georgia, so it was a process that had taken several months, but I really didn't consider another school. Didn't even apply. Didn't try anything else.

INTERVIEWER: So, you know, in 1965 the ANA (American Nurses Association) issued a statement saying they wanted the bachelor's degree to be entry level, and diploma and AD (Associate Degree) to be a technical level. Were you aware of that, at all?

BRANNON: I didn't have any awareness, I didn't have any awareness. It was – more than anything it was, this is a good school, they have lots and lots of preparation and good clinical, and I was really about just being the best nurse, because . . . and then there was Mom there, who came from a diploma school. Did I want further education? Did it enter my mind? It really didn't. Initially, you know, I was young 18. I wasn't a very mature 18 year-old, and it didn't really enter my mind. In fact, I was probably . . . I was 17, up until that fall. I have a late birthday. And it didn't enter my mind that I would end up with a bachelors or master's degree. I didn't have any idea that that's what I was going to do, when I started out. It didn't take me long to figure out that I want a degree. I want more than just this. In fact, by the first or second semester, I was already -

INTERVIEWER: That soon?

BRANNON: Oh yeah, I was already going – I liked – and I looked at my teachers. I was looking at the instructors and thought, I'd like to do what they do. So already in my mind, I knew as soon as I started Georgia Baptist, within the first couple of clinical things, looking at what they did, that's what pushed me. Somebody had said well, you've got to have your bachelor's. At that time, you've got to have your bachelor's. By the time I graduated, you've got to have your master's, and so on.

INTERVIEWER: But at the time the faculty were -

BRANNON: They were all bachelor's – they all were working on their bachelor's or had them already. They hired them in in the '70s without a bachelor's degree but they really were pushing them. I don't think they had a choice, really. They were being pushed to get their bachelor's. I don't know of anybody I had there that didn't have their bachelor's degree, at the time. There may have been one or two, but not many.

INTERVIEWER: Now I'm trying to think . . . I think you're probably right.  
Towards the end there were a few that had master's, so -

BRANNON: Yeah there were a few.

INTERVIEWER: Nobody had a doctorate.

BRANNON: Nobody had a doctorate, at the time, interestingly enough. Even the head at the time Kathryn Ransbotham didn't. She had a master's which made her very – that's how she's gotten to where she's gotten . . . She was good at what she did.

INTERVIEWER: She was good.

BRANNON: But she, um – nobody – I think Susan Gunby was one of the first that had the doctorate, when I got there to teach. She was one of the first there to get that, too. Just a few began to turn there. They turned a little bit slower at Georgia Baptist, but anyway I . . . It didn't occur to me to even think about the ANA statement– because I wasn't a nurse and my mom probably knew about it because she was in, you know, part-time practice, she, when we were young, she basically put nursing aside and really stayed home with us, but . . .

INTERVIEWER: Guidance counselors in high school?

BRANNON: Not a word. I really didn't get a lot of guidance in high school, at all. I didn't even get – here was my real problem – I didn't even take Chemistry in high school because I didn't want to first off. I was on the yearbook staff. I had this and that. I did, played basketball. I did all kinds of things. I didn't want to take Chemistry because I knew it's hard. I made good grades really easily in high school because it wasn't particularly challenging at all, so I made good grades without trying too hard, and that's really bad, but, um, I didn't have Chemistry. And so the summer – once I decided in the spring that I was going to Georgia Baptist and I was applying, they wanted me to have Chemistry, at least one course. I had to go to one of the little technical colleges and get the first level Chemistry so that I would be prepared to go in the fall to Georgia Baptist and take Chemistry, where they passed everything I had had the first day. Everything I did, the semester's worth, it was done. We reviewed that and we were moving forward.

INTERVIEWER: But at least you were prepared for the first day

BRANNON: At least I had an example to know what these things are, what this whole chart of elements were, the periodic chart thing, I knew what that was.

INTERVIEWER: I'm surprised it wasn't required in high school.

BRANNON: It wasn't at the time because I came through in South Carolina. They had sometimes their educational system was probably not as strong as it should have been. I didn't have guidance counselors to really direct me. They didn't ever meet with us unless you went specifically there. They just didn't call you in like they did my children. They called them in and said this is what we're lining up, what's her goals, la da-da-da-da. They didn't ask. They basically said Oh you can do this, this, and this. I had a lot of math, but I chose not to take Chemistry, um, because I liked my literature stuff better. I liked Psychology better. I liked those kind of things so they didn't make me take it, and it was a regret because I struggled in Chemistry.

INTERVIEWER: Talk about the classes. You started talking about the Chemistry, so explain how your classes were structured while you were at Georgia Baptist, what you remember about them.

BRANNON: I'll have to think about that for a second. They were pretty well lockstep in terms of the things that were offered by Tift College. Tift offered our college courses which, again, I remember hearing my mom say, I'm glad you're getting some college credit. She was thinking, you're going further. I'm pretty sure that's what she had in her mind, that you do need those college courses. So they were pretty well structured. The faculty from Tift would come and, um, teach us there. And they were, some of them, really, really good and some of them like all students you kind of laugh, oh ha, ha, ha . . . You know that Nutrition course we had, um, I don't remember as large a group being there. I think they separated us out because most of the time I had those early classes with my friends.

I do remember starting clinical very, very soon, like the first semester, we were starting. Loved that. Thought that was really a good idea. I wasn't certain how good I was going to be at this. I was still very young and very naïve about – I don't think I can do this. In fact, my first day of clinical – you'll probably ask this later but I'll say it now – first day of clinical I was so nauseous, I couldn't go. I had to go by myself because you couldn't miss clinical. That was the thing I remember. You couldn't miss it. So I had to go, and still, all it was, was interviewing your patient. I couldn't do it. I was just – almost heaving. That morning I was so anxious, so . . . Oh it was just awful. So I've got a heart for young students who," I don't think I can do this, I don't think I can do this." Yes, you can. I did, and you can.

I remember my first patient like it was yesterday. He was a dear Baptist preacher, who was getting discharged that day, who knew what I was there for, I think. Somehow this man knew, by looking at my face, and he directed the conversation. I just asked one question, and this person just went, Oh well I had this going on and this – no, I had my own little list of questions

to ask, and he just answered everything without me almost saying a thing. I thought you know what, if there was – there is an angel sitting right there and you knew what I was having to do.

So anyway, the classes you asked about. I remember a lot of them, a lot of the professors and those that you, um, think a lot about and the ones that were really boring, and the teachers. Mrs. McGinty was the Nutrition teacher and I remember her analyzing our daily intake of food, and I'm a carbohydrate queen and she picked that right up. That's a lot of carbohydrates on here – I mean I'm struggling with that today. I love carbs [laughs].

Structure? Very structured. Very traditional. Very . . . kind of high-schoolish. I think we probably needed it. It was very high school like, you know, this is the way it's done.

INTERVIEWER: You only had certain classes you took in certain semesters.

BRANNON: Yes. It seemed full but it didn't seem overwhelmingly full. Studying was interesting. The interesting thing that was very different for me because my parents, you know, let me have a little bit more liberty, was quiet hours. I'm sure you've already heard this about quiet hours, at eight o'clock in the evenings. It's funny. It was meant for studying. It was smart for a freshman student to have quiet hours. I don't, at this point, disagree with the philosophy, but it was a little chafing to many of us who had had a bit more freedom at our home. You're basically, suddenly, confined. Um, and, did we get a lot of studying done? Maybe. Maybe not.

INTERVIEWER: Did you stay in your room, or did you study in groups -

BRANNON: We were confined to stay in our room, but we had suites, obviously. Sweet suites, basically. They were very nice. Talking to some of the folks I dated at Tech, interestingly enough, looking at their rooms and looking at ours and they're thinking whoa, you got a nice setup, and we did. Um, so sometimes we sat and talked. Sometimes we popped popcorn in the bathroom like everybody else did. You weren't allowed to have popcorn poppers. We did. Sometimes we studied. I remember getting on the floor when we were learning, um, muscles and bones, and touching each other's shoulder and saying, "What is this?" This is a scapula. This is a humerus. So you know you went through all that to learn. That was our learning method, which was really interesting. Loved that. That was fun. So quiet hours were good for that first semester. Of course they weaned us off of that. Um, it was probably a good idea because you'd probably have had a lot more failures if people didn't have that gear in. Also remember the counselor talking to us about quiet hours, um, Mrs. Truelove?

INTERVIEWER: Trueblood?

BRANNON: Trueblood. Loved her. She was a dear who told us never study on your bed. Never study on a bed. Your mind believes a bed is for sleeping. You have a desk. You study at your desk. You're sleeping in your bed and when you're studying there your mind keeps going to this is where I go to sleep. So I remember that really well, even today. That's really important. I've coached my daughter into that. My son as well. Don't study on your bed. That's not the place you're supposed to be.

INTERVIEWER: That was wise advice.

BRANNON: It was wise advice. It kept a lot of people from failing out, because I think it was tough, you know. It was tough. It wasn't easy. But, um, I don't remember – and this is me personally – I don't remember feeling overwhelmed but I had several friends who were very overwhelmed, who had chronic diarrhea the entire time because they were so stressed about just, you know, that thing. I have students now, in the job now, who are that stressed. I don't recall being that way, um, and maybe that's just my personality. I just don't particularly get all that stressed out. I just usually dig in and just – well I can do this by working hard. I must be able to accomplish this.

INTERVIEWER: Talk about the skills lab. Do you remember the skills lab?

BRANNON: I do. I do. Very well.

INTERVIEWER: What kind of things did you do in there?

BRANNON: It was, um, I remember giving the bed baths to my roommate, which was really funny. We had to learn how to do beds, and bed baths, and I remember the bed bath and the first day, that I had to bathe her, and maintain modesty, maintain her modesty, and we were all laughing and giggling about it, but it was a fun place to learn. And how to make the beds go up with a turn cranks because that's the old equipment we had.

INTERVIEWER: That's all we had then.

BRANNON: Uh-huh. But working with each other in the skills lab – that was fun. I actually – we had a good time in there. It was a really good time. I don't remember who was in charge of that at all. That part doesn't stick out to me. Does anybody know the name of the person? I can't remember who did that, but I think a lot of our fundamentals instructors were the ones that taught us in there. You did it kind of clinical group, if you will. I remembering being in there and that was the main thing I remember, practicing with that bed bath, making the bed, and how important those things were. That was fun. It was – you know – a lot of fun. We got a lot of help. A lot of giggles. I don't remember vital signs. That didn't seem to stick out to me. I know we did them but I don't remember doing that. But I remember learning well, and

how important it was to do well in there. That was a fun place. Remember what it looked like – lots of beds in that same room. No privacy whatsoever. No curtains between the beds and all. Nothing there, but I remember feeling supported there, too. That was a good thing.

INTERVIEWER: What about medication administration in that skills section? Remember?

BRANNON: I don't remember a lot about that. I tried to recall that, how we used to do. I know in school maybe not in my freshman year, but I remember we had Little Sisters that – from the class below – and I had a little sister, and I remember letting them practice on me with sub-q injections, several of them, not just my Little Sister, but several people who actually stuck me – and I thought okay this really hurts, doesn't it? Especially thighs, I got a good – we weren't using the abdomens very much for some reason, but we were using arms, and I let them use some saline and they injected me. I remember practicing a little bit. I think we must have used something, like an orange or something, in there, but that skin was too rough. That's not real. They needed real. I remembering allowing people to do that. I don't remember injecting another student. Maybe they let us and maybe they didn't. I wasn't – I can't remember that. I don't remember feeling panicked. Whether . . . did we have check offs then or not? Maybe that was something later? Did they check us off and make sure we were competent? I can't remember that. Do you remember it?

INTERVIEWER: I vaguely remember -

BRANNON: That we did have those -

INTERVIEWER: - something similar, but it doesn't stand out to me.

BRANNON: It's a real panic area and I – I think I'm thinking of my own students, and they're panicked over these skills that we require them to check off on. CPR (cardiopulmonary resuscitation) for example doesn't seem that stressful to me, but a lot of people are stressed.

INTERVIEWER: Why do you think maybe it is that you didn't feel so panicked back then?

BRANNON: I think I was too naïve. I think I was young and it was basically – well of course I can do this. Of course I can do this. I kind of had that attitude anyway – well you know if I work hard enough I can master this. You know that may be really naïve, really arrogant, or really dumb. I'm not sure what it is, but I've always kind of thought like that, kind of, well I can probably master this. I'm as good as anybody else. I don't know why I wasn't stressed. I don't recall being that. People would talk about it and I guess I would say well yeah,

tests are nerve-wracking, and that just reminds me of who was that person that taught us  
Anatomy and Physiology -

INTERVIEWER: Miss Tribble.

BRANNON: Tribble. Yes. The Tribble tests. Miss Tribble – yes she was an  
unmarried, undiscovered treasure. I remember her really, really well.

INTERVIEWER: What do you remember about her?

BRANNON: She was very strict. I think she had a heart of gold. I think she had  
her sayings. She mispronounced words sometimes, some basic anatomy words that were just  
funny. So we got lots of laughs. Still have lots of laughs. I remember my friends, because we  
had big square tables and we'd sit together and she'd give pop quizzes on a regular basis about  
what you were supposed to have studied and I remember having obviously not gotten ahold of  
something that she was talking about – number one through ten, put your name on the top, and  
that kind of thing. I remember one through ten answering every single one of the questions she  
verbally told us, and missing every single one of them. Every answer was wrong. I made a total  
zero and answered every question. I don't know where I went with that one, but I was teased  
about that by my friends. They brought it up repeatedly to say, "I remember the time you didn't  
even get any points!" And I answered all the questions, so I must have been making up a lot. I  
don't remember much about it except for going, "Oh my goodness, I'm going to have to study."  
Obviously I hadn't studied. She, um, was funny. She had her sayings.

INTERVIEWER: Do you remember any of those sayings?

BRANNON: Something about an undiscovered treasure, herself being that.  
Something – what else did she say . . . mendin-g's – I remember the word meninges. She called  
them mendin-g's – I thought, I don't think that's right, but okay.

I remember dissecting . . . did we dissect cats there?

INTERVIEWER: Uh huh.

BRANNON: I think we did, and how horrible the cats looked. Um, I'm a cat  
person, love kitties, and that was a little difficult. I remember that test that she gave us, to every  
single one of the organs, um, had a little flag in them and you had to walk up and view the kitty  
that was in front of the room, that she must have dissected herself, and identify whatever organ it  
was, and whatever the usefulness of the organ. It was – um, yeah. I remember walking to lunch  
with the smell of formaldehyde on my hands and it was disgusting and you couldn't wash it off  
enough. It stayed with you. You smelled it the whole time. So I remember doing that, and the



muscles were the really hard things in the cat. It was hard to see and they were tiny and the nerves were really, really tiny, so it was hard to see some of the stuff. But I remember that and that was stressful. I remember that being very stressful. That test was very hard. It must have been towards the end of the semester or something . . . um, yeah . . .

INTERVIEWER: Microbiology?

BRANNON: I don't remember much about – of I do remember a little bit about microbiology because it fascinated me, and of course we were doing cultures on everything. The under the nail scrapings were the interesting culture that I ended up doing. I found lots of nastiness growing. I thought I am amazed at what kind of world we're in because this is disgusting. I was doing toilet lid. I was doing all kinds of stuff. Under the fingernails scraping was probably the most disgusting growth.

INTERVIEWER: Well and the studies have shown, so you were ahead of your time.

BRANNON: Indeed. Well it just, you know -I was looking for anything and everything to culture. That was the main thing about micro I can remember is looking under the microscopes at our nasty world. People were culturing all kinds of stuff, but toilets were easy to get to, you know you go to your room and go after that, but that wasn't nearly – somebody cleaned our rooms, too. They cleaned our bathrooms while we lived there. They changed that after a while, that we had to do our own, but when I first started there, on the 6<sup>th</sup> floor, we had an end room. It was lovely.

INTERVIEWER: Big end room.

BRANNON: Big end rooms. My roommate and I, Jan and I had an end room, and I remember they would come clean our bathrooms for us, the showers and sinks and toilets were all cleaned for us. We were like princesses. I start looking back now thinking, whoa, you know I – whoa, that's amazing, that they did that. Now they changed is as we got along. They were hospital housekeeping staff that came and did it, and a huge dorm, full of nasty girls – well at least messy girls, but we didn't – most of us were young, 18 year olds. We didn't know how to clean anything particularly. Not really. We lived like princesses, really.

INTERVIEWER: I'm amazed at that. They didn't do that when I was there.

BRANNON: They changed it while I was there. Sometime between '73 and '76 they changed it. The other thing about the classes is they went all the time. That part was – my other friends were getting off in the summer. That part was a little overwhelming. My high school friends, they came home in the summer. I was in school full time, 33 straight months. You really didn't get much of a break. I also remember having to make up clinical. You didn't

get to be absent from any clinical, any time, anyhow. Everybody else going home for a brief break – if you didn't finish your clinical you're still doing some more. There you are by yourself on the unit, working, which was a little difficult. Made you not miss much. I remember strep throat. I remember having my wisdom teeth out one semester, and I got it out like during Labor Day weekend or something, came back so I wouldn't miss clinical, with jaws that looked like little chipmunks, so I wouldn't miss clinical. I'd go into my patient's room and they'd look at me really funny and say, "Honey sit down! You don't look really good" – because I had this gigantic jaw. You didn't miss clinical very often unless you were really, really sick. Um, it was not – don't lay out.

INTERVIEWER: It was valued.

BRANNON: Well it was valued because you wanted to learn, but it was valued because you want to go home. Everybody else is leaving to go to Florida or wherever they're going. You wanted to go too, because, you know, it's been awhile.

INTERVIEWER: Yeah absolutely. So talk about the clinicals.

BRANNON: Ah, clinicals were fun. I liked clinicals. That's one of my favorite things as a teacher now. I like the clinical part of it. Um, initially uncertain – you know totally shaking in my shoes. Um, the first semester or two was wildly uncomfortable. I had never touched a person like that and you know been that intimate, with a stranger, too, you know. So it was – I was very naïve, and remember thinking, I don't think I can do this. How am I going to give this person a bath? Back then, you – they basically kind of let you do bed baths on everybody. Even, you know, whether they needed it or not, you were going to do one anyway. And so now, you know, thinking, you know you get more exercise if they wash their own arms, but then you gave it to them. And I remember having some patients – an elderly, very confused gentleman – just old guy, who I remember decided that I was either his wife or his daughter – was pulling me into the bed with him. Because, why was I standing over there, when I had been bathing him and helping him, you know, and doing the backrubs because that's what you were taught to do. And he decided he got the wrong impression. He was quite elderly, but he had quite a pull on him, and having to be rescued a little bit by an instructor on how to, you know, unhand me, sir, I am your nurse. So I remember that really well.

I remember almost inspection. They looked at your shoes. I'm talking about the clinical instructors. There was one – I didn't have her, but Mrs. Cheney tended to be very, very particular about the way a student nurse looked, when they first got there in the morning. I had a

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INTERVIEWER: How did you have to look?

BRANNON: I had to look that way, cap and all. We had the cap. It had to be right. Hair had to be right. Your dress had to be starched – and they starched them for us. That was the other thing they did for us, they cleaned our uniforms, for goodness sakes. You had your uniforms and they were starched stiff. They'd stand up by themselves. On the floor they were lovely. Your caps were too. You could send them over. They'd come back. You'd have your little name. They were very – a source of pride, really. You had your name imprinted on them. They had your full name there, which is kind of – very proud. With your emblem there, they were starched stiff, white as they could be. Um, white stockings and your shoes had to look white. You'd better polish the things. I remember buying my first pair of clinics because that's the only kind of shoes you could wear is clinics. I know there were others, but everybody there, all my friends, had to have clinics because they are the best nursing shoes, apparently. But I remember wearing that white cap with no stripes which, as a freshman, was embarrassing. It immediately said your status. Right there, that's your status. You are a nobody. You knew nothing. You'd get off the elevator because seniors are coming. So I remember that feeling, of being a nobody. You don't have anything. Inspections sort of in the morning. They looked you over. Some instructors looked you over better, than others . . . Mine was just a dear. She was sweet, petite, asked good questions. She began to quiz us. I had one instructor who would have written quizzes about your patients every morning. I dreaded it. I didn't want to get up. I didn't want to go. I didn't like her that much and I remember her name and I remember, she was . . . She was kind, but really a bit over the top, I thought, on some of her quizzes. You know that – I was in constant terror, that semester. Terror, of her.

INTERVIEWER: So you had to be prepared?

BRANNON: Oh yes.

INTERVIEWER: When you got there.

BRANNON: Exactly.

INTERVIEWER: How did you prepare?

BRANNON: Had to wear this little yellow smock into the hospital, with street clothes on, and you went to look up your patient. We did that up in nursing education, I think, up through – at least through the 90s, even into the 2000s – we've been doing that, because it was important. And I agree with that. It became unrealistic, but it was important. I remember going over there and all of us were wearing our little yellow smocks and we were very kind. You'd have to go get the chart and you'd have to beg for the chart sometimes, but you would get the chart and you would look up your patient. Everything – I would write everything I could possible write down. No HIPAA laws then so you would write everything. If you had a Xerox

machine – which of course there weren't – it would have certainly been nice, because you memorized everything about that patient. Everything. Not just the medicines but all the treatments they had, the kardex, so you'd get the chart and then you'd get the kardex. You'd look through the kardex and make sure that you got the nitty gritty of what you were going to be doing the next day. And some instructors, my first one for example – what was her name? Williams? No. I can't remember.

INTERVIEWER: There was a Linda Williamson.

BRANNON: No. I remember Linda. She's worked with us as a faculty before. She's a dear. I like her a lot.

She was petite. Had brown hair, pretty brown eyes, and she – I could see her now but, anyway, she was dear. She would just cleverly ask you questions – much like, later on, junior year, Shirley Rawlins was the most favorite of everybody. Adored her. The questions she asked you were almost in conversation. "Well, tell me why he's on this medicine?" It's almost as you were walking down the hall, like you were going to be talking like a colleague. She treated us like a colleague. It endeared her to almost all of us. We all just loved that. She wouldn't quiz you that way. I've actually emulated that in my teaching because it makes – I've learned so much from my teachers there. I've done that because it makes the student much more relaxed. You almost ask it as if – um, that you don't know. You know, don't ask questioned that you don't already know the answer to. But you basically say, "Now why is he on three anti-hypertensives? He's on a diuretic and he's on an ACE inhibitor." So you ask it that way, and the student just pops up with what they already memorized. She was that way, my first instructor, also. She would ask the basic things. "Well why is he here? What does this patient need today? What are you going to do for him today?" So, you know, then you could spout off all the kardex stuff that told you what to do.

So I remember the first semester wasn't so threatening, after I got over that first day, where I got nauseous at the thought of going to see a patient. It moved on from there, thinking oh I think I can do this. I can do this very well. So as the time, you know, it progressed on, in clinical, it got harder, but that wasn't so bad either, and they split us up, I think into thirds. So three semesters they took a third of us and you rotated through maybe the med-surg courses. I'm probably thinking of the second year. You went to med-surg where oh dear Ms. Godfrey was there. She was a dear. Loved her. But it was the surgical nursing. Then you had the medical nursing, where Shirley Rawlins was in charge of that, and then you had mental health, I think, Psychiatric Mental Health nursing, yeah, who . . . was somebody else I can't remember, but – I remember that pretty well but I've blocked a lot of that.

INTERVIEWER: Where'd you do your psychiatric?

BRANNON: Grady. A strongly acute care area. They were acutely mentally ill, usually temporarily placed until they went to Georgia – then GMHI (Georgia Mental Health Institute) and some of the other places that have faded away, after the change of the laws. But then we did that. We were – we didn't go to Milledgeville, which I think a lot of the '60s people did . . . 70s we were still staying local, to the local mental health facilities.

INTERVIEWER: They had just stopped doing that about the time you started.

BRANNON: Yeah. They did. I think they had just stopped. It was good but they had started us in thirds so that we just – I lost some of my friends to different courses. It was kind of made for my roommates especially if we were on opposite shifts, because they worked us night shift, evening shift, day shift, which was also very good. You kind of figured out what you were like. Night shift I knew I couldn't do because I'd forget to eat. I'd want to sleep instead of eat and then I would like - wake at like two in the morning and go, you know I'm really feeling a little weary – hypoglycemic probably. I would not eat supper because the cafeteria's closed or something. Anyway, so I remember them rotating us on the second level. They rotated us different ones. So I had some with some of my friends and some, my folks were – I'd get different places. So it was difficult. We had good stories to tell each other, though. And it was different – there some courses you like obviously better than others.

INTERVIEWER: So how was it working – like did you have to work, like, the night shift and go to class the next day?

BRANNON: They had changed that by the time that we did that, so that they put you maybe on – you didn't go to class that next day, you basically had a day to sleep. I don't know how they arranged it. That would be a good thing to figure it out, because they would put you on maybe Thursday and Friday – and your classes were on a different, earlier day or something like that. You did evenings and you just had evenings and there were only eight hour shifts, but the evenings and nights you one instructor on evenings. I remember Lib Perry was one of my favorites. She ended up being my office-mate when I was working there.

INTERVIEWER: How special.

BRANNON: Oh it was wonderful. She was the best instructor anywhere too. She was wonderful. Shirley Rawlins and she – Lib Perry – were two who just mentored me right into what I was trying to do.

INTERVIEWER: What was it about them that made them so special?

BRANNON: They started with a smile, which I also will take to that – start with a smile. Lib would walk up immediately with a smile on her face, immediately knowing that I knew this stuff, knowing – she didn't know but she assumed I did – and her questions were gentle, much like Shirley's were. Very gentle, but she got at what she needed, and supportive – amazingly supportive. She loved nursing and she made us – and same way with Shirley, loved nursing, loved taking care of people, and took care of us as well. So she knew – I remember making a med error one clinical evening on 3 to 11 – because they really let us have the run of the place. I gave – was getting ready for supper, knew he had an eight o'clock, knew the drug, Gentamicin, he was due for an IM (intramuscular) injection of Gentamicin. I didn't like giving IMs, still don't like giving IMs, knew he had one, didn't really want to give it to him - poor thing, skin had gotten pincushion-like he had had Gentamicin for like a week, and he was still getting it. You know they weren't doing trough levels. They were just giving it giving it giving it, who knows what happened -

INTERVIEWER: An IM, too.

BRANNON: IM, Gentamicin, and I remember it was due at eight. I was getting ready for supper, going at six o'clock, and I was trying to accomplish making sure everything was done for all the patients because I know I had probably several by then. You know they upped it by your junior year. I remember giving it to him, just getting that done, saying yeah I can give it thirty – I don't remember even thinking about that – somehow in my mind I thought it was due at six o'clock and it was due at eight o'clock. I gave it to him before I left and as soon as I gave it I thought, "Oh, my, goodness, that is not due until eight o'clock. Oh, my, goodness what am I going to do, what am I going to do, it was given at 8 a.m. and now it's 6 p.m. what am I going to do?" So I was having fits and going – and I called Lib Perry – I think I paged her – I don't even know if there were pagers back then – somehow I got ahold of her or she was making rounds. I almost fell in her arms – "I made a med error!" It was my first. Oh my goodness what am I going to do? Tragic. She was so kind, "It's going to be okay. How's the patient?" She basically focused on the patient and then we made the call, to make sure that the physician knew, make sure all this was done, we would write the reports, whatever we did, and her kindness. I was in tears. I absolutely was worthless for the rest of the evening, and she was so kind, that I could get through and finish at 11.

I remember those shifts, and 11 to 7 I remember Peggy Ponder, which I worked with her. She was a funny, funny thing because she really – having all the students in the entire building – were hers, on nights, and there were bunches of us in the building staffing the place. And I remember her not knowing your name, but she would stare at your nametag. So you always had – she wouldn't look you in the eye. She stared at your nametag to make sure, I guess, she was memorizing your name. She couldn't know all of us. We all knew that she couldn't possibly

know our names, but she stared at your nametag and she'd ask your question to your nametag. You'd always want to – lift your head, hello; my eyes are here, not my nametag. But she was a sweet, sweet person, very organized. Very organized and, um, by the time you started doing evenings and nights you were an upper student. You were at least a junior, I guess, by then.

INTERVIEWER: You were more autonomous.

BRANNON: You were – more autonomous than we should have been, honestly. I got a lot of experience managing colostomy bags and the things that I remember doing, you know, just did it, um, not necessarily knowing exactly what I was doing, but we managed. We worked through it, and you know, the patients, they I guess did okay. I hope they did okay.

INTERVIEWER: I'm sure they did.

BRANNON: Yeah but I remember being . . . and by the senior year you were really autonomous. I worked in the hospital, you know, as a student and they worked us really hard too.

INTERVIEWER: On the weekends?

BRANNON: Nights, weekends sometimes. If I had a day off in mental health for some reason, Psych, the way my schedule worked I could work on Friday. So I'd do Friday, Saturday, Sunday because that was my spending money. They didn't pay us much, but our responsibilities were enormous, because we were basically acting like staff. They were counting us as staff.

INTERVIEWER: So you were doing tech work?

BRANNON: No. We gave meds on the entire floor, just working as a student. I know, how dangerous is that?! I remember being – doing that, too. Well, you're on the tower and you're doing evening meds. Okay. We didn't usually do -

INTERVIEWER: Was there some kind of system, where they had checked you out, to make sure you were in good standing?

BRANNON: No. They knew what I was as far as the stripes on my cap. They knew us. They would call sometimes and ask us to work. They would call and do an All Call – any junior student want to work – you had to, I think you had to have worked in an area, a general area, in a past area, surgical nursing for example, or medical nursing, or something like that. So in certain status you couldn't be in ICU (intensive care unit) working as a nurse until you had had that kind of content. So we would – work wherever it is they wanted me to and the

more you took, the more places you could work. That's how I ended up working in PACU (post-anesthesia care unit) and taking that first job there is because I worked for them all the time. I got there. I liked it and thought this is fun, and so that's how she asked for me to work for her. Linda Smith, the head nurse, said you work here, and of course I still had to go through the interview process but basically she'd already kind of picked out student graduates she wanted.

INTERVIEWER: So when you worked extra like this did you wear your student uniform?

BRANNON: Yes, yes, we were basically – we were – it's really interesting how that went. Back in the 70s they didn't seem to mind. That was just the way it was done. They paid us and that was great because that was my spending money. That's how I did that and my friend Lorraine and I would work a lot together. It was fun to work with a friend because you could help each other, you know, if you had that. I remember doing nights one night, on a weekend. There was me and an LPN (licensed practical nurse) on one of the surgical units. It was in the north unit. Let's see the east and then there's north and then there's tower, and I remember she was either exhausted, on drugs, or something was wrong, because she spent her entire evening with her head on her arms, and I ran the floor – the entire night, all by myself. I thought if I ever get out of this I'll never work with this woman again, and I remember her name, too, I probably shouldn't say it.

INTERVIEWER: It's probably better not to . . .

BRANNON: But she – she's probably gone by now, but I remember working extra. I guess there were still, must be students there? Still, not on my unit, but I remember Mrs. Ponder coming by and seeing that. She popped her head up when Peggy Ponder walked by, but I was still doing all the work on her patients and mine, including all the PRNs (as needed) and all the stuff. We gave meds which is real – unsupervised, just gave them, which is just amazing something more didn't happen.

INTERVIEWER: It is. That would never happen these days.

BRANNON: It's amazing. It would not. Then paying us, probably two dollars and hour, or less. The pay was abysmal, for the stuff that we did. I got a lot of experience – as much or more there than anyplace else. It was a good source, and you were there by yourself, basically. They considered you almost an RN (registered nurse). Close enough. You're a warm body. I guess they were supposedly supervising us but nobody ever supervised us. I remember a lot of the patients though were working extra and I remember a lot of the patients even in my clinical. One young man who had had a brain aneurysm that had burst, he survived it, but he was left unable to talk except for those eyes. He was probably all of 16 years old. And they staffed



us, the student nurses, round the clock to take care of him, as part of our clinical. Each assignment was him. And his mother was there all the time knowing that he was going to make it back, he was going to make it back. It was before Shepherd Center was there. We did amazing care on this young man. Amazing care. He got lots of physical therapy from us. We did range of motion. We did all kinds of stuff. I remember, there's a lot in there, he couldn't talk but he followed us with his eyes, and here are these little girls with little short skirts, and he's 16 years old and we're barely 18, 19 years old, and he watched us. He would track us, and I'm thinking oh yes, there's something in there. Oh yes, there is. He had a lot going. This young man did get up, and he did end up coming back. It was just one of those amazing stories. All of us knew him, the same way we knew the pediatric patient Carlos, sweet little kid who swallowed lye. His mother was addicted, or something was wrong, and he came in and he'd swallowed lye several months before that at a New Year's party or something, when he was left alone. He was all of two years old. He'd scarred his esophagus and he, for most of his life, he spent in the hospital thereafter because he became emaciated. He couldn't eat. Nobody was able to do anything and he was basically a charity case because nobody could have afforded that, and we did round the clock assignments with him, too. The student nurses spoiled him rotten. That child didn't even learn how to talk. He would just go, "Unh," grunt and point for what he wanted and we finally realized this is not good. The child needs to learn how to talk, because we spoiled him rotten. So now we had to be on a plan ourselves, to say, "Use your words Carlos, use your words." Cute little kid. He grew up. I don't know what ever happened to that child, but he grew up in hospital. He was adorable. He was so cute and we all, you know, carried him around. So he didn't have to learn to walk either and we found out, wait a minute Carlos, you've got to walk.

INTERVIEWER: Sounds like there was so much continuity of care -

BRANNON: Wonderful. It truly was because the students were there, and the faculty was involved in making sure we got those assignments that were best for our education, but they were also great for the patient. Great for the patient.

INTERVIEWER: And the staff seemed to – I mean they welcomed the fact that you guys were there to do that, and give that continuity.

BRANNON: Yes, and they bought in to that, and they actually watched us, too. You know, they were still seeing what we do, too because basically – and I don't know how much feedback they gave to our instructors, but I would imagine they did, because they watched us. They weren't as preceptor-like as the ones today. We basically ask our staff nurses to precept or stay with that one student, but they certainly knew what we were supposed to do. The faculty took a bigger role too. They were basically taking care of all the patients too. Once a

student was assigned, the staff nurse was almost relieved. They wandered off. They didn't get co-assigned. That's not the way it was back then. The student has this patient. You did all the documentation, all the meds, everything that was done for that patient was yours, um, to do. It was, I guess, the faculty but they didn't – I don't think they even co-signed for us, as far as documentation. I don't think they did. I think they were basically just – we were legally illegal.

INTERVIEWER: But at the time it was probably legal.

BRANNON: There was no, I don't think, oh no – today it would probably be illegal. So that's the reason I say "legally illegal." Today it would be seen as absolutely that's not appropriate, but back then it was the way things were done. It was just done that way. But it was good learning, and more than anything, I regret that for our students today that they are not going to learn nearly what that kind of experience did, and that working extra stuff where you were really flying by the seat of your pants, but you were taking in a whole bunch of information and experience that you would've never gotten any other time – in the middle of the night, trying to fix a leaky colostomy bag, for example. You know, what kind of resources do I have? Well I don't have the ostomy nurse. There wasn't such a thing. I don't have anything else. Let me try something on this. Let me do something about this.

INTERVIEWER: So you had to think critically.

BRANNON: Absolutely. Out of the box, and creatively. What can I do to solve this problem? Oh there's no more linen. What am I going to do without linen? Where do I steal it from? Where do I get it? What do I do, because I'm in a pinch here? What can I do here? No draw sheets, pillowcases work. That's a draw sheet. Sorry, but you use some creative thinking.

INTERVIEWER: So did you go away from Georgia Baptist other than for mental health or any other clinicals? Did you do any at Grady?

BRANNON: Uh huh. I did do some at Grady. I did some pediatrics at Grady, which was really difficult, I think. A lot of abused children. It's one of the places I . . . I mean, Grady was a wonderful experience. I did some med-surg there too, I believe. Mental Health and Pediatrics particularly, though it's difficult in Peds I think, because I wanted to shield the child from the abusing parent, and realizing that this is not really the way to attack the situation, is to be, um, upset with the parent because they have needs and I couldn't quite get that, though my instructors helped me very much to say you know you really can't, um, not let that mother hold their baby. I'm over there with the abusers. It was difficult for me to deal with that. I had some good pediatric instructors. I honestly can't remember their name. I was much more drawn to adult health, so I – Peds was good. I liked the kids, but . . . We did go to Scottish Rite, too. The old Scottish Rite.

INTERVIEWER: In Decatur.

BRANNON: In Decatur. I remember a big picture window and a front porch that had been enclosed, and that's where the children were. There were these huge wards. Um, we went there for pediatrics too. Their OR (operating room) was real interesting. The olden days. They had this big picture window, so that's where they were getting their light from, I guess in the olden days. But I remember having some real interesting challenges there, too, little kids in their bilateral casts that would kick and, you know, beat you to death with their casts.

INTERVIEWER: They did orthopedics.

BRANNON: They did mostly orthopedics there. That's almost all they did. It was an interesting situation, but I remember having several kids there. They didn't have all orthopedics but they had – because I remember having some cleft lip cleft palate kids. I remember having some respiratory problems, some kids in these big tents -

INTERVIEWER: Oxygen tents.

BRANNON: Uh huh, these big, big tents. I remember doing several things there. We didn't have a huge rotation through there but I remember doing a good bit. We had even a rotation through OR. I remember staying in OR for like one whole -

INTERVIEWER: At Georgia Baptist?

BRANNON: Yes, at Georgia Baptist. I think we might have done some at Scottish Rite, too. I didn't particularly go there, but it wasn't my favorite. OR was, to me, rather boring, but I remember going there. My grandfather used to say I spent ten years there one summer. That's exactly how I felt, ten years there one summer. Way too long.

INTERVIEWER: So did you ride the ambulance at Grady?

BRANNON: I did. Oh, I'd forgotten about that. We did do that, my senior year. I remember doing that. That was fun.

INTERVIEWER: Talk about that.

BRANNON: Fun, fun. They wouldn't let us wear pants yet. Now where this came from, I don't know. We didn't have uniforms that were pants uniforms and the guys were very protective of us, the ambulance drivers I'm talking about. There were two, driving in the big Grady ambulance. I sat up there on the console, in a dress. I don't know how I got up there without shining the world – with whatever.

INTERVIEWER: But you had your pantyhose on.

BRANNON: I had my – yes, we had white stockings on, and those were, um . . . but up there, but the guys were very protective. I remember driving 90 miles an hour on the wrong side of the road, in this ambulance with the sirens going, and thinking I don't even have a seatbelt on. Neither did they. Where's my seatbelt? This is not safe! They had one. I'm on the console, riding down the wrong side of the road, thinking somebody's going to hit us at any time. I'm not going to survive this. It was fun.

I remember going into some of the projects, some of the housing projects that were very dangerous. The guys, on a couple of situations, would say, "Stay in the truck." I knew very well they knew it was not safe enough. Some of them would come get me and let me go back out. I remember going into some of the rooms in some of the housing projects. One woman had hit her head – her husband over the head or whoever – with a, some kind of glass something, and he's bleeding all over the place. And the mattress is on the floor and the roaches are crawling up the walls. It was not a good situation. But he was drunk and she was kind of calmed down. It was kind of different, but they were in some really difficult situations, but it was fun. I loved every second of that one. That was fun. Truly good experience.

INTERVIEWER: Yeah, I loved that too. Talk about the hierarchy among the students at Georgia Baptist.

BRANNON: Ah, yes. I alluded to that already.

INTERVIEWER: You have, so talk a little more about that.

BRANNON: It was definitely a hierarchy. You knew the freshmen were nothing. They had no stripe on their cap and they just wanted so badly to get one of those stripes. So the blue stripes, oh that's the mid-level, of course the junior level which was a little bit of status – better than the freshmen. You knew at least, just by looking at them, where they stand. That was the thing about those caps. That black band means you're almost done, and you've got a lot of status on that. You have – you are the epitome. You're a senior. So it carried a lot. You wore that extremely proudly. There was a ceremony to get that black band. You wore long dresses and it was a whole – um, usually a dinner with your class doctor, which was so interesting. We still chose a class doctor then, who would come to that. We didn't bring dates to ours. It was just us girls, which was kind of interesting because our boyfriend wouldn't have really understood very well the meaning. It was meaningful.

INTERVIEWER: It seems like each class must have had a choice because some people have talked about they had a date. My class, we brought our parents. So it sounds like it was different, each class had a choice.

BRANNON: It must have. We didn't. We chose not to. It was just all of us. Um, we went out afterwards I think. I remember, you know, hunting for the dress. It was a big deal. It was truly a big deal. We did a lot of planning for it – where it was going to be. What the dinner was going to be.

INTERVIEWER: Where did you have yours?

BRANNON: I can't remember. I think it was at – it was one of the downtown hotels. Um, it might have been . . . I can't remember, honestly. That's terrible, but I can't remember the place. That's terrible, but I remember we did . . . There's a special way . . . We always had two class sponsors, two of the faculty, and we chose. Um, Betty Massey was ours. Betty Massey was another dear. Um, she was just a sweetheart. She probably left by the time you were there. I don't think . . . She basically chose us. She wanted us. She chose the class, but, you know, I want the fall class . . . We chose her because I think she basically told us she chose us. We had a couple of other people came in – Grace Lewis, also, sponsored but she wasn't the original one because I don't think she was there when we first got Betty Massey. But they co-sponsored, I believe, um, our class. She got there later in the 70s. But anyway, they did this, and they always had a special way of presenting the black band and some kind of -

INTERVIEWER: How did they do it?

BRANNON: This is terrible because now I'm confusing the time with the class I sponsored when I worked there. I remember doing theirs. I was doing ceramics. I can't remember how they gave us . . . It was a theme. It was always themed and – I cannot remember. I tried to think about that a while back. I thought okay, that was part of a memory that I should have had. My girlfriends would remember in a heartbeat. I should have asked them. But they . . .

INTERVIEWER: How about your blue stripes? You remember?

BRANNON: I don't remember how we got that. I know it was a special something or other but it wasn't as big as a black band. I think it was a picnic. I think we had a picnic is what we did. We went to Grant Park and, um, had a picnic and had s'mores and I remember – had pictures from that. So that was fun. It was usually a lower key thing that the class did together.

One thing we did in our freshman year, though, that was really special . . . they always had this Fall Festival. That I don't know if they were still doing it when you were there, but it was cool, and we did an ice cream parlor that Marge McGinty, our nutrition person, taught us how to make ice cream, and we had churns, and we had some electric ones but most of them were hand-churned ice cream. We all wore – every day is a Sunday is what we called it, and um we all wore the bolero – those hats and we had stripe shirts – white puffy shirts with striped vests and those kinds of things on and we served ice cream sundaes and made a lot of money that way, but it was a lot of work. We, you know, hand-cranking those ice creams, and cooking – you had to cook the eggs and all the stuff on the stove, and she helped us. They had that nutrition kitchen in there, and she kind of helped us get it together because we didn't have a – I don't know that we had chosen a class sponsor by then, because it was earlier in the Fall that we did this, so we chose that and it was very successful that I remember. Those were fun, too. I remember that happened and that was good. That was really fun.

INTERVIEWER: What about your capping? What do you remember about capping?

BRANNON: I remember getting one. Betty Massey was our person who did that. I remember kneeling. It was almost a religious thing. It felt – wow, this is a big thing, that you knelt and got your cap, almost, you know, knighted. It was always in a church. Always with a class song. That's where we had to choose our song and we're all going what do we choose? We don't know what to choose. We don't even – you know . . . and I remember, you know, debating over the class song, because we all had to sing. All had to sing it. Had to be up there in that choir loft singing, I remember. That was a pretty big honor, you know, to get that cap, because you earned it. And our parents came to that. I remember I had a boyfriend at the time and he was a marine and he wore this gorgeous – you know how the Marine outfits were like whoa, knock you off your feet kind of – beautiful. Had pictures of that. So it was a big deal. It was an honor more than anything, and I think it was a holdover honor, from back when even my mother was in school. That's what you did. And the capes – loved the capes. They are – today even, I still have my cape. I will not turn loose of my cape. I like my cape. It was beautiful. Pinned back at the shoulder, the red lining underneath. It was really attractive and the four buttons here and the high Nehru collar that was beautiful. The ceremony was gorgeous. I think there was candlelight somewhere. The lamp, that's what it was, candlelight with a lamp. It was impressive. It truly was, and they made it really special.

INTERVIEWER: Yeah, it's a nice tradition.

BRANNON: It is a nice tradition. Probably a little cheesy for some now. They probably would say . . . not so much.

INTERVIEWER: -but at the time -

BRANNON: It was wonderful at the time. It was really needed. And as a freshman, it was a boost. It was almost at the six months mark, or something like that. It was almost a – I'm really gonna do this. Okay. I think I'm okay. I'm okay. I'm doing well. And it was a class solidifier, too. All your classmates were there, and everybody is getting the same thing, so it was kind of a good bonder, if you will.

INTERVIEWER: So you've talked a little bit about the Little Sister Big Sister. Talk some more about that.

BRANNON: That was pretty special. I never had a Big Sister. That was just really sad. I always wanted one. Never did get one. Didn't have a lot of interactions with the upperclassmen. You know, lived on the freshmen floor, to start with, and by the time you're out of your freshman year it's too – I consider it too late. Some of my friends got Big Sisters in their junior year, which I thought eh, too late now. Even then, I kind of went . . . not so much here. But you don't have a lot of interaction with your upperclassmen, your junior level classmen, hardly any. So still a lot of friendships. My friends were mainly friends that were sharing all of this experience with me in the freshmen class. The junior students – funny they skipped sophomore isn't it? The junior students, you know, would go and, usually place special things like a flower in one of their caps, and something – kind of a little display, when they wanted to get a Little Sister. They had been friends for a while. So it's kind of expectation, and they gave opportunity for that, and they kind of set up this program. A mentoring program basically is what it really was, but they didn't really talk about it being a mentoring program. When I start thinking about that, it was a really good way of mentoring the freshmen, in there. But you really had to have somebody that you hung out with a good bit. And that didn't happen - I hung out really with my core other students. I did get a Little Sister. We weren't all that close. I decided, though, that I hung out with her a good bit and we had a lot in common and it was a lot of fun. I liked helping. Like I said, I let them inject me. They were practicing injections. I decided after like twelve, I thought you know what, I think I've had enough sub-q injections today, thank you. Try an intradermal or something. Her name was Kippy and she was just a sweetheart. She was very – wanted a Big Sister, wanted a – you know. And so you could hand your notes over to them – of I went through that class. Here, try this one. This helped me out a lot. So that mentoring part of it was really helpful. It starts your teaching, a little bit, too, also. By then I already knew I was going to teach. Um, but it at least starts you with let me help you on that. If you're struggling on that, this is what I did. I think that was, um, really helpful to them, as well as those of us who kind of want to start mentoring and teaching people. It kind of starts you on your way.

INTERVIEWER: So – you’ve already talked about that. Well, I’ll ask it anyway. Describe – you’ve talked a lot about the instructors that you had. Describe how you feel they facilitated your acquisition of nursing knowledge and skills.

BRANNON: They had a lot to offer. Everybody had their own talents and skills, much like they do now. The really strong ones pushed me to think, and ask those good relevant questions that said discuss this. Talk about this. So they had some good methods of helping the students. The mentoring part of it. The warmth to say I’m here to support you. I’m not here to judge you. Yes, there was always the judgment part. You finally have to have evaluation. So how they did that was really the support. The types of questions they asked, that really spurred you into thinking. The work they made you do. I mean, care plans out the wazoo. It was -

INTERVIEWER: So talk about those care plans.

BRANNON: Ugh. I say ugh now. I have not assigned a care plan yet, and I will not. They were repetitive, useless. Nobody even thought about using them. On the other hand. For a beginning student, they were very helpful to really pull in exactly – because you were disorganized. This organized it for you. You basically said, this is what I’m going to do for this problem, and why is it, this is the rationale. Got this. By the way, how did that turn out for you? So it organized . . . After the freshman year I thought they were absolutely useless, and hated them. Hated them. I thought they – even back then. So by the time I started teaching I can assure you that was something – if I can nix that, that is what I’m going to do. I hated them as a student. I didn’t like them as a faculty member either. They took long, long times and you wondered if anybody ever took a look at them. I don’t think they did. Some people did. They really graded harshly. But I really hated them, and they were all-nighters - things that really took most of the night when you really should have been resting, before you get up and start working all day with your patients. It’s lucky that we were young because I don’t think I could do it as an older person, not getting adequate rest. You just didn’t. Some people would spend almost all night, get up, sleep an hour. Well how safe is that? Is that really the intention, of doing such a piece of work that barely had anybody’s attention? You know me, it’s like kardex will get better, but freshman year it’s a good idea.

INTERVIEWER: Freshmen year it helped.

BRANNON: I just despised it. I thought that was a worthless - I didn’t like the morning quizzes, but I cared more about what I did on the quiz than I did taking care of the patient that day. It made no sense. Um, there was one particular instructor who liked the hardest of hard quizzes, and it’s like, what was the relevance of that?! Even as a student then I thought



this is an irrelevant question. Why would you ask me this? Why don't you want to know what I'm planning on doing that day, and who I've got? Um, I remember a situation when I had a patient that had . . . is it Crutchfield Jacobs Syndrome? It's basically Spongiform Encephalopathy – the patient had mad cow disease is what I see it as now. Had had one patient like that, and I got assigned that one, and I'm a Junior student thinking, the more I read about that on my care plan the more I thought ooh my, this is a real sick patient, and dug really deep, because neuro was not my strength. Dug and dug and dug and really worked so hard on that one care plan. I remember working so hard just because I didn't care that much for that instructor, and knew that she would ask me these wicked questions in her morning quizzes. So and they were like three or four days a week we'd go to these clinical over there. And so every day I'd get up going unh, I don't want to go to clinical with her. I remember this patient didn't do well. In fact we were going to ship her over to – it's a female patient, to ICU, which was just down the hall. I remember I first noticed something wrong with that patient, um, because I was there with her all the time, and I didn't leave the room because I was terrified that something was going to happen to this patient. She began – her breathing started changing or something, and I made sure the nurses were coming in more often. And finally, you know, they were already making those plans, and they were asking me, how this was going and I basically went I don't think this is going very well, and they had made the decision to get the physician, this patient needs to be transferred, is too sick to be here. My instructor finally made her way over there to me, and she was panicked. She had no idea how sick that patient was and I remember almost going ha-ha I did, and you didn't, and so, I was like, I didn't like you to start with and now you realize this was way over my head, and I managed through it so I came out with a very positive feeling after that because I worked so hard to prepare, knowing how sick this patient was . . . and remember that she was almost apologetic. She was shaking, she was so nervous about how sick this patient was, and I remember watching that, that she was anxious, and I thought well, I'm better now because I've been with her all morning, and I'm pretty good here, and you're basically seeing what I saw, that you had no idea about, so it made me feel better. They're not perfect people. I mean, as a faculty I kind of still go back to that one, thinking, you know, we aren't perfect and we don't know just how bad some of the assignments we've made are -

INTERVIEWER: You never know. The patient might have been okay when she went to make that assignment.

BRANNON: She probably was. I remember making some tough ones to my own students and thinking okay I need two students in here, this one is not going to just handle two students and me and maybe should realize maybe this is just a little tougher assignment than should have been. I think that's probably – the patient came in with something and she might not have known just how sick that one was. But it was almost a gotcha – for me to say gotcha,

and I handled it well, thank you very much. This patient got the care she needed and I did well and was complimented. She did compliment me that day, too, and I thought okay. You're right. I do, do well.

INTERVIEWER: You had earned her respect.

BRANNON: I did. Which she uh . . . okay, we're good here. I made it through hers.

INTERVIEWER: What events do you remember occurring while you were a student at Georgia Baptist that helped to make you a better nurse?

BRANNON: Wow, what events. Goodness. That is an amazingly broad question because there's a lot of things. I think I've told you a lot of things that have, really, things I remember that stick out to me. Certain faculty and the way they questioned me, the way they made me think – and they truly did – by their questions. The patients I'd had, again – some of the assignments I got were excellent. You know, they went along with the course that I was going and so it really helped a lot to kind of see it in action. Talk about chest tubes with Betty Godfrey, and guess what? You got a patient with a chest tube. They really connected that, a lot. They were amazingly supportive – this is the faculty here. They were amazingly supportive. Very invested in how good a nurse I'm going to be. That's what – they were invested in that whole thing – I need you to be, to have that same reputation that we've established all along. I'm right there, too. Let's keep that reputation and I teach that way, basically, too. We've got a good reputation. We need to maintain that. People coming out of here should be having that kind of capability. They cared, more than anything. They cared about what happened, to all of us. Took a personal interest but not too deep. They didn't, you know, do that. Lot of support. Staff nurses were really important too. There were several that stick out as being people that – very supportive of us as students. Yeah we got in the way a good bit. Team leading, we had to do that, too, where we basically were taking charge – which is amazing they let us do that. I mean, I guess they watched us. That experience was also good. You were basically in charge of seeing everything that went on, and knowing everything about everything. Overwhelming to start with, but a good experience. Very good experience and I think the clinical was probably the strongest part.

INTERVIEWER: Did you have to do a leadership experience -

BRANNON: That was kind of what it was. You know we didn't have a preceptor experience like that. We basically – our leadership experience was team leading. You had a team, and you know, I think it was kind of a loosey-goosey team. You're basically the head of a team of staff nurses, or nursing assistants, or whoever you've had. They kind of knew

what they were doing anyway but you the assignments and you oversaw things and you made sure that things were done and patients were transferred and things happened so it – you got a good taste of the role with some support but by then you were a Senior and you were basically kind of going this is what it's going to be like, I guess. This is how it's going to happen. I don't remember like a preceptorship like we give now, at all.

INTERVIEWER: I know you've already said you weren't involved in a lot of extracurricular activities, but if you can, describe any extracurricular activities you were involved in while at Georgia Baptist which contributed to your knowledge development as a nurse.

BRANNON: Mostly class stuff. I did some of the stuff. I was, you know, one of the class officers or something like that. I can't remember exactly what I did – might have been planning on the different types of events. That helped – being on planning committees and programming types of stuff and developing those kind of things that helps – just organizational things. Looking forward to figuring out what needs to happen, so that helped in itself. We always had to have a Fall Festival so we always had to have a planning committee. You realized, in groups, when you're working in a group, some people pull more than others and the responsibilities for leading the group sometimes – it's just the leader that gets to do all of it. So it really kind of helps you realize okay, groups are good things. Helps also in development and just figuring out, what are we going to do? Making decisions about things – so that certainly helps anybody in any, um, type of profession – is how to organize things and how to make things happen if this doesn't work then let's go do this. So that kind of, um, backup plan is helpful.

Um, did, let's see – oh yeah, yearbook is like, that's just my creative desire to have something, a creative outlet, again, having a little full rein of deciding how this is going to be and what I'm going to do and some themes and some ideas was very useful to me, too. I liked that and enjoyed it in high school, and thought oh yeah, I can do this. I know how to do this already, just another opportunity to be creative. Um, didn't do choir just because – no.

INTERVIEWER: Wasn't your thing.

BRANNON: No, no. I can carry a tune, but no.

INTERVIEWER: Not in the choir.

BRANNON: Not in the choir. Let's see, any other . . . They had sports things but – and I've always been an athletic person but I didn't – that – didn't feel like I could devote that kind of time or energy to that kind of stuff, and I liked basketball in high school because that was the only sport they let girls play. I would've loved a tennis team. A tennis team would've been exactly what I could've done, or a volleyball team, but you know I thought . . . I thought I'd

go out. I went out I think but I thought, you know, I really don't want to do this. I don't want to play basketball. It was not my favorite sport, but -

INTERVIEWER: Did you use any of the other activities in the gym?

BRANNON: I did the pool. They had a pool, and I swam there, and I did a lifesaving course. I did that one time. Um, so I used the gym, mainly for swimming. I liked swimming a lot, so I did do that. That was kind of nice. They had a bowling alley there, too. They had a bowling alley, and I did bowling sometimes, too, so we did those activities, too. Most of the things I stuck with are really class activities, the things we were really planning and doing, that kind of stuff. I didn't go, you know – I wasn't a Baptist by religion so I didn't do that. There weren't a whole lot of Methodists there, so I think I basically went, "well okay, whatever." So I didn't do a whole lot of that. I'm trying to remember what other activities there were . . . There was the BSU (Baptist Student Union) and then there was . . . There weren't huge numbers.

INTERVIEWER: It was a small school, so . . .

BRANNON: I know Major was the coach and she was a dear, and I liked – I remember having – some of the class activities they had had things like – I remember we had a square dance, one time, in the gym. Loads of fun. That was fun. They brought over some of the guys from (Georgia) Tech, and I just had a great time there - started dating one of them for a while. It was just a lot of fun there. So they had a lot of activities for us that were planned for us as groups, which was very useful. Very, very useful. It got you out of your room. You actually had some fun, a little bit of a break. You met other people, you know, you got involved in stuff, and you know, particularly if you were kind of new to the area, and it was safe.

INTERVIEWER: You knew that from out of state.

BRANNON: Yes, and it was a safe thing.

INTERVIEWER: It was safe because it was there.

BRANNON: Contained. You met people, and maybe it wasn't so safe after that, but at least you met somebody so at least you could go out on Saturday night and think well this is just another student from – you know, I met one from my hometown and basically we would sometimes ride the bus back home together, which is nice. I didn't particularly like him that much, but it was okay, somebody to go out with occasionally. So that was good, but safe, yes, controlled, because we weren't in the best area of town. It was a little bit difficult and tense area sometimes. So that was a bit of a problem but they did try to do a lot of activities, and stuff that helped meet people, and get to know folks.

INTERVIEWER: Okay good. Um, so let's see, we've talked about that . . . Describe some of the struggles you encountered while you were at Georgia Baptist.

BRANNON: I'm sure there were some struggles. I struggled in Chemistry because I had had a poor background in Chemistry. That was a major struggle.

Struggled with restrictions on my time, especially on my free times, like on weekends. They made us get in by – I think your freshman year you had to be in by midnight, or something like that, and then one o'clock on weekends. You could be out until 1 but you had to be back, so struggling with getting back in time, first off. Sometimes we'd just sign out for the whole night – most other people did. You had to sign in, sign out, and I understand that considering you were in downtown Atlanta. It wasn't the safest in the world. But – so they kept careful tabs on you. And they – I remember just signing out for whole weekends and thinking where am I going to stay? Rent a hotel room – which is what a bunch of us girls would do. We didn't have very much money. Had very little money so we pooled our money and all stayed in a hotel because we wanted to stay out later than one o'clock? So that was a struggle. That was a little bit of a thing.

We had a room mother or hall mother who was a dear. Miss Castleberry was our first in the freshman year, who was just kind - she checked rooms. This was so funny. She actually – she would open the door, almost like saying goodnight to your mom, say, "how you doing? Good, y'all are in bed," basically. It's kind of funny.

INTERVIEWER: It's part of her job, probably.

BRANNON: It was part of her job to be there. After you got on the upper levels she didn't, but anyway that was a little bit of the – personal life kind of thing. You didn't have much of a personal life which kind of felt restricted, in that one.

Classroom wise struggled a bit but they had a – some kind of religion class or something like that I remember – ethics class, which was a little on the boring side. That was a little bit. Some of the other classes were a little bit – kind of eh, but I didn't struggle particularly. I struggled in, you know, just Chemistry. I made like Bs, you know, just because . . . I made some A's but I was determined to get an A in that advanced Med Surg. I was going to have an A because everybody said you couldn't get an A and I thought oh yeah, so there was my competitive nature coming forward, going oh yes I can, and worked really hard on that one, so that was a little struggle to work, study, study, study so I'll come out with my A by golly, you'll reward me with an A because I deserve it.

Relationships, eh, you kind of found your friends and you hung out with those, so that was pretty much...

INTERVIEWER: How about stress relievers. What did y'all do to relieve stress?

BRANNON: Probably imbibed alcohol a good bit. I just – went out drinking because the drinking age was 18 then. So we'd go to Underground Atlanta which was at its heyday. It was having – we had a really wonderful time there. They had a place called, um, The Mad Hatter. Probably people have talked to you about the Mad Hatter.

INTERVIEWER: Nobody's mentioned it.

BRANNON: No? In the 70s the Mad Hatter was it. They had police officers who checked your ID (identification) at the door, and you went in and it was a gigantic place and the music was playing and the beer was flowing. It was a lot of fun, mainly to dance. You know even then alcohol was like, yeah, but we still gotta get home and I was still, kind of, on the edge, going I don't know about this, we still gotta get home, and we all had a pact of, we know it's not safe for anybody to overdo, that we all had to stay as a group and nobody could go home with somebody else. You go home with the group you came with. That was our rules. Even as 18 year olds we kind of realized – smarter – maybe only one of us had a car there, because you couldn't have cars, either. You managed to get a car like your second semester. So one would have a car that this person's sober – and we knew better than that, too. We were basically going nuh, not so much here, so one person could stay that way. Anyway, I remember going out. That was a stress reliever. That was – going out with friends, for the most part, that was really good.

Staying in our rooms – we didn't do that much. We talked a good bit you know, but as we got a little bit older where people started dating other folks, we were around, Tech folks, we went to parties there. We didn't stay too much together. Really it's your friendships there more than anything - it's your close relationships. Because you lived together. That was a good stress relief, you know, having a shoulder to cry on. We'd go down to the person and just lay it out – this is what's happening. This is what's going on. She's the meanest thing in the world and la da-da-da-da . . . So we helped each other a lot on that one. That was major, major stress relief.

Laid out in the sun on the top, on the roof. We did that too.

INTERVIEWER: So talk about that rooftop deck.

BRANNON: Oh gosh. The helicopters would fly over. There were those who were up there topless. And I am pale. I am paying for my sun now, as I'm a very pale-skinned person, and would still lay out and try to get a tan, it's like you know I gotta tan . . . you're blue eyed and fair you're not going to get that – but I did anyway because everybody else was doing

that. We laid up there a good bit, just on our time off. Everybody's out there getting their tan like I said, with no clothes on.

There were a few other things I remember too that they had for us. I remember like skits, a day of skits, Senior Skits is what they were fun, fun, fun. You really talked about the funny things that happened, because the funny things always happened. I remember somebody streaking through there, because that was the year of streaking, the '70s. People were streaking and it's like, well why would you streak in a girls' dorm. We don't care. You're just naked. So what? But I remember several – one person who did, would go up and down halls with nothing and everybody was kind of going yeah okay, whatever, have you even thought - who cares - but going over to Emory because they were doing streaking. They were actually really boys streaking, so I remember piling under a car going, "They're streaking tonight." So we headed over to other places where they were.

INTERVIEWER: So you knew what was going to happen.

BRANNON: We knew up front. Somebody had talked about it and so there they were in the tennis shoes, in the cover of darkness, running naked down the street. I thought it was the funniest thing. I thought well, what a weird thing to do. We used to look back and think, why did you take your clothes off and run? What's the purpose here? It was one of those – parties and those kind of thing were, you know, off campus and we did that a good bit. That was kind of fun, but I remember that happening a few times.

INTERVIEWER: What about Senior Raids?

BRANNON: Oh yeah, I'd forgotten about Senior Raids. Yes. Kept everybody awake. I hadn't even really remembered that until you just said that. We did do that. We didn't get really evil with it.

INTERVIEWER: What'd you do? What did they involve?

BRANNON: Making lots of noise for the most part, keeping people awake.

INTERVIEWER: Pots and pans.

BRANNON: Oh yes. Banging on doors and screaming, and that kind of stuff. People did really bad stuff like steal their underwear or something, like take things away. But we – most of us didn't do that. We were just very loud, slid ugly notes under doors and that kind of stuff. Just really loud, running up and down the halls until we got too tired. You know we didn't have to work the next day, and yet everybody else probably did. So the Senior Raids were

always on a day we didn't have to work because we were done. Um, I had just about forgotten about that.

I remember cutting up your uniform on your last day, cutting it up into strips, having people write all over it. I remember just about having to be almost embarrassed. I kept thinking don't cut it up too far in the back, my underwear will show. But I remember being, you know, they'd write The End Is Near on your backside. They would write all the funny stuff. You'd get everybody in the world to sign it. The physicians would sign it. The nurses. They were all part of it, Georgia Baptist people sign.

INTERVIEWER: I still have mine.

BRANNON: Do you really? I know I have it somewhere.

INTERVIEWER: It's on a dress form in my office.

BRANNON: Isn't that funny?! That's such a good thing to do. I'm going to find mine. I still have my caps. I still have my cape but I . . . That was interesting. That is so good. But I'd forgotten about Senior Raids. I remember Senior Skits. Those were fun. But Senior Raids, I remember that too that were really just mainly noisy. Um, I don't know what other people did, which . . . kind of funny. If they found people you did bad things. If you were out in the hall, I remember somebody got made up -

INTERVIEWER: Shaving cream -

BRANNON: Uh huh, they got all kinds or you know, lipstick everywhere, and that kind of stuff. I remember somebody – I remember a classmate of mine, but this is not during Senior Raids, that somebody, she liked to wander around naked all the time, down the halls, and they decided well, we'll fix you, so they got her tied to a chair, put her on the elevator naked, and rode her up and down the elevator, a lot – like we're showing you that this is not good. You cannot get up from here, up and down the elevator, she was naked, which opened on the bottom floor. There was always a guard down there. That's what we were hoping. Hit ground floor. She goes all the way because she is sitting there going, "don't look." That was kind of mean. Senior Raids I don't remember them doing anything unless they caught people. So we all knew, as underclassmen, don't come out. Lock your door. Don't come out. They'd write things on people's doors, too, they did that. Sometimes they shaving creamed your door, to clean that up again. Did ugly things on the telephones. Do you remember the phones? A bank of four phones is all you had for like -

INTERVIEWER: Were there four? I don't remember.



BRANNON: Three. I think there were three. I remember it screaming down the hall because nobody would answer it, first off, everybody – the closest people to the phone would answer the phone, or it would ring off the hook and nobody would answer it. You had to have plenty of dimes if you were going to call home because it was long distance. You had to keep pay phone there. But I remember them screaming down the hall. It would wake everybody else up, you know, “Telephone, Sally Smith, telephone.” That was kind of a thing. Rather than walk all the way down and knock on the door, nobody’s home, okay walk back and they were not leaving messages and that kind of stuff so if you were expecting a call – this was so far, long ago, before cell phones -

INTERVIEWER: I know. Seems so strange we did that.

BRANNON: It is but that’s how - and we managed, and we still went out on dates. It was like they would call and ask, and it was like, and I would actually, did get calls, or they would leave a message. You’d check the message – every floor had their own little message sheet, message and your name’s there and you’re going ah, I got a telephone call, that you could actually either call back or in those days you didn’t necessarily call back, then you hung around the phone area and that lobby area waiting on your phone call going I got to have a date for Saturday, come on . . . So I remember doing that – something that has just come back to me too.

INTERVIEWER: The students of today would cringe at the thought -

BRANNON: They do. They do. Are you kidding me? You didn’t have a phone? No. Not even in my room. We did without. Some people didn’t have televisions in their room either. We had one but we didn’t watch a lot of TV. We studied a lot. I don’t recall watching a lot of TV.

INTERVIEWER: But there was one in the lobby area, right?

BRANNON: Yeah. There was one there. But you could bring your TV from home, so my roommate had one that was like a ten inch TV. It wasn’t easy to watch and I don’t think I really watched all that much, at all. I remember watching Hank Aaron’s home run from my dorm room. You could see the stadium. The night he did that we were in my dorm room. I could see it from there. I remember that. The lights, the stadium, you know it was a big deal.

INTERVIEWER: Could you actually see the home run?

BRANNON: No, no, no. You can see the lights on. That was in the 70s I don’t remember when it was though.

INTERVIEWER: That's really cool, though.

BRANNON: I remember watching that direction. I couldn't get close enough. Goodness no. I remember he was gearing up towards it. I don't remember when it was but I was somewhere in the dorm at the time. Maybe I was . . . no I don't remember much about it.

INTERVIEWER: So let's talk about the '70s. So, you know, in the beginning of the '70s Vietnam was still going on. It was probably over right about the time you started.

BRANNON: Yep, '73.

INTERVIEWER: And then, you know, we had Nixon and all his political issues, and then Ford and then Carter at the end. He was from Georgia. The economy wasn't good. There were gas lines. There was the Equal Rights Amendment that was trying to be passed so did any of that political economic cultural influence the choices you made either to - while you were at Georgia Baptist, or after you graduated?

BRANNON: Um, I think we were shielded from it a good bit, and I was still young and didn't read the newspapers a lot or any of that stuff. I don't remember how we got our news. We knew about some things. I think it didn't make a huge impact. I knew the Vietnam War because I had classmates from high school who were there, who went. I remember my classmates talking about the current governor of Georgia, I believe was Lester Maddux -

INTERVIEWER: It might have been.

BRANNON: Of all people, apparently he was not everybody's favorite. He was actually a very bigoted man, apparently, not a shining star in this state's history. I'm not sure whether he'd just been or currently was, but I remember something hearing about him being the governor. Um, alcohol – the drinking age was 18 – so alcohol was – um, that was different than it was in South Carolina, for example. That was not so, so that affected me as far as the rules and that kind of stuff.

The hippie generation was still out there. There were people still very much in that same kind of, no war, kind of stuff. Um, so you could go to Tenth Street and see that kind of stuff and we did. Grant Park, same thing, you could see some of that going on. Piedmont Park we went to, too, and some of that was still going on so there would be rallies and those kinds of things. We didn't participate a great deal. Probably a little fearful. Didn't have a lot of good transportation to get there, so unless you had somebody you knew going . . . I didn't have a car. So we kept up with that. We managed to find a way to do the things like streaking. – The lighthearted. That was very lighthearted, so we managed to do that but yeah, we did do that.

But no, economically, I didn't have a car. My parents didn't intend to give me one until after I finished. So I didn't have to deal with gas. I know that there were gas lines and gas prices, but most of my friends didn't have one either. Getting home was an issue so I had to go on a bus.

INTERVIEWER: So you used to take the bus back and forth to school. Trailways or Greyhound?

BRANNON: Greyhound, almost always. I had to get there. That wasn't pleasant but it wasn't awful either. So, you know, that was not such a problem.

INTERVIEWER: How about after you graduated? Do you think that influenced your choice of jobs after you graduated?

BRANNON: I fell into that job, as I said, the first job I had was right there at Georgia Baptist because they wanted me, and so – oh that was nice. You know, nice to be wanted. I still had to go to that [interview]. I had looked, in our senior year, that group of six that we're still friends today, looked for an apartment together, before we graduated – okay this is going to be too expensive, we can't – we thought we'd save plenty of money – and we couldn't afford it. So, choice of jobs is – who's going to pay me, do I want to do this, and that was both okay – I think I started at \$4.40 an hour. It amazes me now, \$4.40 an hour, to be this responsible for patients. As soon as I – the economy, I thought I could afford to do it, to take that kind of job, but I did interview other places, too. I thought I need to look at my possible options here, but I ended up taking that. Did any of the happenings influence that? Perhaps. I mean I ended up in Cobb County to live, with a friend from nursing school, and we both had saved and saved and saved, thinking we're going to take a month off, we're tired. We almost starved to death before we ever started work, thinking . . . I think we need to start to work really, really soon, because we didn't have any more money, realizing that deposits on this and that and the other were very expensive to do, so we hung out at the pool for a while and then realized – I think we can start next week, if we call and ask, start early. I don't think we were totally influenced. I think we were a bit shielded. I think also we didn't pay attention very well. I'm graduating, I'm twenty-one years old. I'm barely looking. I'm barely able to know what I'm going to do next, so I wore blinders for a long time.

INTERVIEWER: Yeah, well, that's part of being young.

BRANNON: I think it is. I see it in my own daughter, you look and think you don't pay attention. I think she's a bit more worldly, but then again they have cell phones. They have TV that has constant coverage. They are very much more connected. We kind of stayed very isolated.

INTERVIEWER: We did. Absolutely. So I know before we started you told me about your education and career but go ahead and talk about that again. Describe your education and career after you graduated from Georgia Baptist.

BRANNON: Let's see, I went . . . I knew I was going to go ahead and teach. I really had that so I already had my mind - at least in my mind I said I need to get a master's degree, which means I need to get a bachelor's first. So I started – I graduated in June and I started in September taking courses.

INTERVIEWER: At Georgia State.

BRANNON: I actually started – I thought I took one of my first courses here at Kennesaw State. I took a Sociology course here. I don't know whether it was the fall but I think it was, that fall, I began to take the things that I needed to take, probably knowing I'm going to end up at Georgia State, because they have a bachelor's, they're right there, I'm working at Georgia Baptist, how easy is this? So I was going for the ease. The funny thing, that's different at Georgia Baptist now, but then they didn't value that bachelor's as much – it seemed to be, they didn't really seem to, at the time.

INTERVIEWER: At the hospital.

BRANNON: At the hospital where I was working, so they didn't offer you a lot of time. So my class is at four o'clock, if I was working seven to three, I had to either take vacation time in 30 minute increments and I did – 30 minute increments of vacation time to do that. I know you're asking about my work life, but just to get over there, park, and get into my class, so it was kind of – they didn't value it, and it's shameful. That was a shameful thing I thought, you made me take vacation in 30 minute increments. It lasted a long time but in increments I could make it last. But it was really sad. So I started in September working towards my bachelor's and it took me a while because I'm only take a course here. I'm working a lot, trying to make more money, because you know, that's what you do in your twenties, is try to accumulate some money, and certainly . . .

Got married in '77, so I graduated in '76, I'm finding a place to live, I'm living with a roommate. She's getting married in June. I'm getting married in August. Um, so we did that, and you know the finding the place to live, and all that stuff, and I'm still working on my degree. Then my first husband had a heart attack at the age of 24, passed away.

INTERVIEWER: I'm so sorry.

BRANNON: It was very, very tragic. We were both 24 and so I was – that semester. He died in May, and I was graduating with my bachelor's in May. So I had one more

Participant JANE DONALDSON BRANNON, Class of 1976

Interview: July 14, 2016

project. I think I had just turned it in to the typist the day he died. And you know I just jumped up and went and turned it in to the typist and so the paper was done. So I finished my degree and I graduated. I worked with somebody at Georgia State who was really good, who basically – because I said I'm really not interested in finishing anything. I'm done, because it was still very – grieving and having a terrible time, and she basically said no you're going to finish. You finished with all the work, and you're going to graduate. So she pushed me right on through as – what have you got left? Good, let's do it. I had an opportunity to give that back to a student one time whose husband died tragically with a brain tumor and that part felt really good, to say, someone did it for me, I can, you know, pay it forward here. So anyway, she got me through that.

So that was in '80, in May of '80. Graduated with that and thought OK, what now – while I was still working, so I was deciding well, I've still got to go get the master's degree. So I didn't get started with that – I think I stayed at the Recovery Room or PACU for two years. They made me assistant manager because the opportunity came up, so I did that for a while, and then that person - the manager position left so I took that for a while, the manager position. Didn't really particularly like it because it pulls you right out of patient care completely. You don't get to do any more. You're doing all the evaluations now, oh yippee aye ay. You know they're some pieces of it I thought I enjoyed, a good bit, but about that time the instructor from Georgia Baptist that taught in PACU, what was her name? Eola Scott Weeks was the one in OR who was the . . . Underwood. Underwood. Mrs. Underwood was getting ready to retire. So was Eola Weeks and they were a pair. Ms. Underwood had been a CRNA, and so she taught just those courses, the recovery room courses. We get students in there and I loved having the students. It was great. So she bumped and said I'm getting ready to retire, don't you want to do what I'm doing? You want to teach these students? So she basically was recruiting me, and I thought well yeah, I'd like to teach, so – with just a bachelor's degree? And she said oh yeah, you can still go get your master's, and thought okay, they'll hire you still with just a bachelor's, so they did. I went over and interviewed with Mrs. Ransbotham who had been – you know, and all these people, and Susan Gunby and everybody I'm interviewing with, going oh my goodness, you were my teachers, now I'm interviewing for a job with you, but it was, you know, a little threatening and then Shirley Rollins opened her arms to me and she was just basically a wonderful colleague, and Lib Perry. So ended up here. That aside is, I went to work at Georgia Baptist School of Nursing in '82 I think probably -

INTERVIEWER: '81?

BRANNON: The end of '81 – somewhere around in there. So I worked on my – went back to Georgia State, so that year I started at Georgia State and finished at Georgia State in '85 working just semester by semester on my master's. Gotta get it, gotta get it, gotta get it,

which was fine. Um, then didn't start my doctorate until '88, so I didn't stay long. I would've – I'd gotten re-married in '84, and then we had our son in '86, and so it's like in '88 I'm going, I want to go back to school, so it was like – I think I didn't get back until '89, maybe. I started applying and that kind of stuff, and then in '89 I decided my son's almost three years old, gee I think I can do this. So with the support I went ahead and started taking course work. Then Georgia Baptist changed and decided they were going to be a freestanding, which is totally different. But they decided to do that -

INTERVIEWER: So you were still there during those years?

BRANNON: I was. Actually I was charged with writing the Feasibility Study, for this freestanding institution. I did a lot of work on it. It was a lot of fun. It was like a preparation for dissertation, if you will. There were people writing pieces, and I was supposed to put it all together and thought okay, this is my creative itch, thank you very much. Susan had assigned that to me and that was fun, and I actually was able to get that done, but at the time, when I started in '90 the reason I left there is they were switching over. They were starting the freshmen courses and really that's not my expertise. I was really more of a med-surg kind of person. They need somebody in Community Health and they need somebody in Fundamentals. That really wasn't me, either one of them, and so she had the hard task of saying, "Really we don't need you yet." Here's your opportunity, um, because they really don't need you, they needed somebody with a lot of teaching experience to be in there. I had my master's but I didn't have any baccalaureate teaching experience so they were in a precarious position. They needed this to get their accreditation so I was totally there. Broke my heart, but it was fine, because I ended up having the opportunity to come here. Well, it was close to home. I was driving 27 miles one way. It was craziness.

So when I decided, when I finally got over the "they don't want me" kind of hurt then I kind of realized, you know . . . This is an aside. I had a friend who had just gotten diagnosed with breast cancer and she said, "Jane, what are you crying about? You're not losing your life. You're just changing jobs." Perspective. I thought, "Oh that's right."

INTERVIEWER: That was home to you.

BRANNON: Oh yeah that was home. I grew up there but it was basically time and this was an opportunity – expand your wings honey. Get yourself some more experience because this isn't all there is, and that was what they were offering. This isn't all there is, try something else. Well you know you'll always be welcome here, but try something else. Try Continuing Education, nurse staff education, try something, and here's your opportunity, so I – it was a great opportunity, basically it's like – yeah. I'd already started working on my doctorate

then too, so that's what Kennesaw needed, so that's how I evolved over here. This is, again, close to home, and they gave me opportunities all along the way of doing things that were helpful to me, so . . .

INTERVIEWER: It all worked out.

BRANNON: It worked out very well, it worked out very well. It'll still be in my heart. Georgia Baptist is always in my heart. Always will be.

INTERVIEWER: So this is the last question. Tell how the education you received at Georgia Baptist facilitated your transition into nursing practice.

BRANNON: Wow. They gave me more experience than I would have ever had anyplace else. That in a nutshell. It's the experience, and that's really my teaching philosophy today – it's all about what you can immerse the students in and give them that hands on experience. That's what's going to make them – what they see, what they do, what they taste what they touch – everything has to do with that kind of nurse because they're seeing people do things, they're doing it themselves, and they're working with human beings, and that takes the experience. That's what you get. That's what the diploma program did for us. They gave us that immersion into this is the world. This is the real world. Did we have reality shock when we got out? Not as bad as the ones now. You know, because we already saw it. We already kind of felt like these long days and what it was like and that – the tragedy that you see and what you're involved in, so that I think is my takeaway there. Yes, it was supportive it was kind of cloistered, but it was also extremely important to them to make sure that you get this experience so that you can be the kind of nurse that you need to be. That part sometimes – I wish we could do more of. That's the reason my whole world is about clinical, really, at this point in time. How can I help these people get to really getting into all they need to see before they ever get out realize maybe this isn't for them. Oh what a waste of your time if you finally realize it's not for you. I knew right up front because they immersed us in it, that – yeah this would work. I could do this. This is something I can stay with for a lifetime. This is a good career path, whereas I don't know that that's always so once you've – haven't been so immersed, and there were those, you know, those people who, you probably had classmates who said not for me.

INTERVIEWER: You know there weren't that many though, in all honesty, there were not . . . I don't know about your class but we lost a few, but -

BRANNON: We lost a few. Some through grades.

INTERVIEWER: And that was – yeah – most of ours were grades. Like my first roommate, her dad died like literally a couple of weeks before school started. She cried every

night, and she lasted one semester. She just was – she just didn't want to be there. I think at a different time, she would have been a great nurse but it just – she just couldn't deal with it.

BRANNON:                Maybe she came back later in life?

INTERVIEWER:        I've often wondered, yeah.

BRANNON:                Yeah there were a few that were, um, maybe not suitable, and they were able to do that back then, just say you know student you're not really suitable for this profession. We don't get to do that at this point right now even though you see students who are probably not going to last in the profession very long. They're not going to. They don't even like it, and you kind of think well you don't like touching people, well you don't even like talking to people, you don't like people – well this is the wrong profession for you. But then they could actually counsel you out of the profession, which maybe private school that may be the easiest way to do that. Being in a state institution I'm not able to really say are you sure this is what you want to do, um, because then you can really get through. But back then they could almost invite you out as unsuitable, which I think they did, a few times. I think gently but basically saying I think this, maybe, isn't really a wise choice. Have you looked at other career paths? I've had to do it with a few students in my time that have failed out and I've had no choice but to say you know if you've hit it three times let's try to think about some other things that you might be really good at.

INTERVIEWER:        Absolutely. Well that's all the questions I have. Do you have anything else you want to add?

BRANNON:                No, but I've talked a long time. Your poor transcriptionist is going to have a lot of work to do.