

Announcer:

On this episode of Pathways.

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Kenzie Teft (Densmore):

And they're all like, "It's going to be straight jackets. It's going to be One Flew Over the Cuckoo's Nest. It's going to be padded rooms," and so the expectations of what's inside our walls are really, really different than the reality.

Announcer:

The stigma around mental health and mental health facilities is still alive and well. Two psychiatric nurses at Northern Light Acadia Hospital are here to shine a light on what it's actually like working in mental health.

Emily Tadlock:

Welcome to the Pathways Podcast. I'm your host, Emily Tadlock. The need for behavioral health services continues to grow, and as such, the availability of qualified professionals to meet this demand has become a pressing issue. So psychiatric nurses are in high demand, so of course I asked two associates from Northern Light Acadia Hospital to join us. Sisters, actually: Kenzie Teft and Miranda McKim. Thanks so much for joining me, ladies.

Miranda McKim:

Thank you for having us.

Kenzie Teft (Densmore):

Thank you for having us.

Emily Tadlock:

Yeah. So first of all, well let's start with Kenzie, because you're the older sister. So tell me a little bit about, no?

Kenzie Teft (Densmore):

No.

Emily Tadlock:

No?

Miranda McKim:

I am the older sister.

Kenzie Teft (Densmore):

Surprisingly. Everybody-

Emily Tadlock:

You guys confused me earlier.

Kenzie Teft (Densmore):

Everyone gets confused.

Emily Tadlock:

Okay. Okay, so then, hold up, because you're the older sister, but you told me that you got into this first.

Kenzie Teft (Densmore):

I did, yeah, so we just took different paths here.

Emily Tadlock:

Okay, all right. So then let's start with the younger sister, Kenzie. Let's figure out how you got here, and then we'll head to older sister, so Kenzie, let's start with you.

Kenzie Teft (Densmore):

So I came to Northern Light Acadia about eight years ago as a psychiatric technician. I was getting my first bachelor's degree in psychology and neuroscience, and trying to figure out what I could do with a useless degree that you can't do anything with, and so I decided why not work in a medical-ish, psych-ish field, and see what I wanted to do? About three months in, I had a conversation with the VP of nursing at the time, read his badge, watch how he interacted with people, and for some reason that I cannot understand, I said, "That's what I want to do when I grow up." So I finished my thesis and my undergraduate degree at University of Maine, returned to University of Maine for my nursing degree, continued here as a psych tech on our Peds inpatient floor.

Kenzie Teft (Densmore):

I worked in our behavioral health resource center following that degree, which is an access point for all patients who enter the hospital, inpatient or outpatient. Returned to the floor as an inpatient pediatric nurse, quickly moved up to charge nurse for about two years. I, then, had the opportunity to go to our adult floors as a nursing supervisor. At that point, Miranda was finishing up nursing school, also at University of Maine, and she wanted to do Peds, kind of liked psych, wasn't really sure what the next step would, and I said, "You know, a great place to build fundamental skills is Acadia. Why don't you take a look at the unit I used to work on? I know they have a job opening, because I just left." So she joined there, and then as I've stepped into different roles, she's closely followed in my footsteps and has moved on the same path. So currently, I'm a director of patient care for our pediatric services.

Emily Tadlock:

Okay. Wow, how funny that the older sister followed the younger sister's footsteps.

Kenzie Teft (Densmore):

Yes.

Emily Tadlock:

So we heard a little bit about how Kenzie got into it. Miranda, tell me a little bit about, it took you a little while to figure out you wanted to do nursing. Tell me how you got there.

Miranda McKim:

Yes, so I'm 18 months older than Kenzie. We're very close in age. So in 2012 I started college at the University of Maine, but had some issues of my own that I needed to take care of. So I had to take a step back. I ended up working as a medical assistant at Northern Light Blue Hill for about five years. From then, I went back to nursing school, and actually, we started our first semester together. We were in the same classes.

Kenzie Teft (Densmore):

[Inaudible 00:04:04] for everyone else.

Miranda McKim:

She was in an accelerated program. We're kind of annoying when we're together, and so after that first semester, we weren't in the same classes, but from there, I graduated in December of '21. I took my first position as a new grad RN on the pediatric floor in February of '22. Day one off of orientation, I was charge nurse, and I was there from February to October. In October, I moved up to the adult floor and became the charge nurse up there. Very quickly after that, I would say three to four months, I moved into the supervisor role as Kenzie progressed. No, you were already in the manager role at that point, yeah. Kenzie was in the manager role at that point. She was pulled from adults to go be the fearless leader on pediatrics, and I transitioned from supervisor to manager, inter manager in July, and then I became the full-blown manager in September. I was covering both units at that point, and I'm just hanging out from here.

Emily Tadlock:

Okay. So, busy.

Miranda McKim:

Yes.

Emily Tadlock:

And wow, pretty quick trajectory up the ladder.

Miranda McKim:

Yes.

Emily Tadlock:

I mean, wow. You don't hear that super often, but we already know, and we'll continue to learn throughout this podcast series, there's so much growth opportunity, growth potential in the nursing field-

Kenzie Teft (Densmore):

Absolutely.

Emily Tadlock:

... no matter what your specialty is, so that's super interesting to hear from you guys. You guys have both had a little bit of a touch in pediatrics and in adults, so I'll tap you on the shoulder, one at a time, to answer some of these questions, but Kenzie, let's start with you. What is a typical day for a nurse on the pediatric psychiatric floor?

Kenzie Teft (Densmore):

It depends on your age group. So you either have our littles, who are typically like five years old to ten years old, and they get up before our day shift even gets here, bright and early, ready for breakfast, and so, you start busy immediately with our littles. You work them through breakfast. You give them medications if they need it. You help them with ADLs or activities of daily living, and you support them attending therapeutic programming throughout the day, support them during challenging family meetings. Maybe they have some sibling conflict, and you help them work through that, help them work through interpersonal conflicts with peers, those types of things. And so, you're supporting your patients with whatever challenges they face throughout the day. If you go to our adolescent side, you typically are waiting for the last 20 minutes of bed pass, trying to get all of the adolescents up and ready for the day, like four hours after the littles wake up, and doing much of the same thing, but the way that you go about it just looks a little different.

Emily Tadlock:

Okay. All right. So, busy.

Kenzie Teft (Densmore):

Busy, yeah. The littles, I was an adolescent nurse and an adolescent psych tech, because that's just who I blend with, and walking over to the little side takes-

Miranda McKim:

Courage.

Kenzie Teft (Densmore):

Courage, yes. You have staff that either love one or love the other, and there's not many people who don't care which age group, because just two wildly different environments, so I remember walking onto the little side and just being like, "Oh. I'm exhausted just watching this unfold," because they're busy.

Emily Tadlock:

Super energetic. I love it. Okay, so then Miranda, let's come to you, and tell me what it's like typically to work on an adult psychiatric floor.

Miranda McKim:

Yes. So actually, one of the first two weeks that I transitioned up to adults, the housekeepers and our environmental people would come up and say, "Miranda, you're sitting," so I never sat on the pediatric floor, but with adults you have more time. It's more calm, cool, and collected, I would say. They get up pretty similarly to the littles. They get up earlier, so the night shift has more interaction in the morning with them. Our med passes a little later, so we have two-hour med window. We're passing their meds, getting them their breakfast, similar to pediatrics, and then really just trying to engage them in groups and getting them out of their rooms. We don't help as much with activities of daily living. We just give them their supplies so that they can do all that stuff on their own, but a lot of it is really interacting, talking with them, helping them process whatever it is they're here for, and helping them get better, shuffling them to

appointments or meeting with LIPs, which are our providers, psychiatric providers, whether that's a nurse practitioner or an MD, and treatment plan, treatment plan, treatment plan.

Emily Tadlock:

Gotcha, okay. So working in a behavioral health environment is very different than working at a traditional hospital. Do you still get to use the nursing skills that you learned in nursing school?

Kenzie Teft (Densmore):

I think you use them differently, so the medical things that we do are typically less, it's not as intense. So you do have patients, you have a lot of, especially on the adult floor, you have more medical intricacies than you do on the pediatric floor. You do a lot of diabetes management, chronic illness management, which we just do more of that. We don't do any lines, drains, tubes, things like that at Acadia Hospital. There are ligature risks and things that patients can hurt themselves with, so we don't do as many things along those lines, but you do wound care and diabetes management, like we said.

Kenzie Teft (Densmore):

We have some patient that come in with sores and things like that, so it definitely looks different than a medical nursing job. We talk a lot about how you function in the gray a lot more in a psychiatric facility. So it's not a task oriented job. It's a very, these are the minimum things that you need to get done with your day, and then the rest of your day is putting out fires, figuring out who needs what focus, and doing a lot of interpersonal interventions: talking, being there, building rapport, being the calm for somebody who doesn't have calm. That kind of interpersonal interaction, really building, focusing on the patient, how you interact with them, and how they interact with others and less on the tasks.

Emily Tadlock:

Okay, so do you have to have any specialized training to become a psychiatric nurse?

Miranda McKim:

To become a psychiatric nurse, no. You do not have to have any training. We offer positions right out of school, and I partook in one of those, and so we have the ability to be certified in psychiatric nursing, so that looks like you need two years under your belt for experience working in a psychiatric setting. You also need continuing education units, is what they call it, CEUs. Nursing has to do that to keep their license up anyways, but you have to have a certain amount to be able to sit for your exam. Once you get that exam, you have a second certification, and if you actually look at Kenzie's badge, hers says RNBC, so she's board certified psychiatric mental provider. Then, I just have an RN, so I just got my two years, and I can sit shortly after I study and stuff like that.

Emily Tadlock:

Okay. So you both have the different levels. So Kenzie, tell me a little bit about what it was like working without that certification, because if you're a nurse, or even if you want to become a nurse, and you've never worked in any sort of psychiatric or behavioral health situation, how do you know if you're prepared to do?

Kenzie Teft (Densmore):

That's a really interesting question. So I had the luxury of coming into the job, having worked here for four years already or three. I can't remember, something along those lines, and so I built my fundamental skills of being a psychiatric nurse before I was a nurse. So you'll find our psychiatric technicians,

everybody's good at something. People have strengths, and my strength, as a psych tech, was deescalation. And so, I loved to be the one in the middle of the chaos trying to manage the chaos, mitigate it, and move everybody forward safely, and that translated really easily into a nursing skill.

Kenzie Teft (Densmore):

So I think that the key components of being a successful psych nurse just comes from working in the field of mental health, not necessarily from the nursing pieces. It just happens to be a bonus that I was a nurse, had that education, and then could partake in that role. For board certification, I also had a psychology degree before, so I feel like even in that aspect I just had the luxury of being a little bit more prepared for that. I found that not necessarily a tough transition, just because I felt prepared. I'm getting my masters as well, and so I had some of that under my belt when I took the exam as well.

Emily Tadlock:

Okay. How about you, Miranda? I mean, you're a little bit closer to that new grad nurse phase. I mean, you had your sister who could obviously give you some advice and help you learn the ropes, but coming into this fresh out of school, what was that like?

Miranda McKim:

I knew, from my psychiatric rotation and clinical setting, that it was something that I aligned with. I loved talking with the patients, and like Kenzie said, previously being that intervention, being the one to really calm them down and then having them be like, "Wow. I've never had somebody do that," is rewarding in itself. Oddly enough, I was in between labor and delivery and Acadia. Very, very different. Very different, and so I chose Acadia with knowing my mother had been here and my sister currently works here. It was very anxiety provoking, having your first job and knowing my sister would be there to ask questions was comforting in that aspect; however, we did try to keep the relationship under wraps, and we didn't really tell people we were siblings before in discrete questions.

Emily Tadlock:

Yeah. You wanted to make your own way.

Miranda McKim:

Yes.

Emily Tadlock:

But still have her to lean on in secret. I can understand that.

Miranda McKim:

Yeah.

Emily Tadlock:

Yeah.

Miranda McKim:

I think the toughest part was learning the deescalation, and that's the key, really, to being a successful psych tech or nurse, and you can save a lot of time and effort from staff, but also you can build a really great rapport with patients by deescalating them and preventing them going into a psychiatric emergency,

which is declaring that they're unsafe to themselves or others, and so as I learned that, I picked it up rather quickly. I think, after learning that, I was able to grow the confidence in all the other aspects of nursing, but again, in psychiatric nursing, the deescalation, you really have to have that down to feel confident in interacting with the patients and providing that level of care.

Emily Tadlock:

Okay, so we're obviously keeping this very raw, very real, and one thing that everyone hears about, whether you're a nurse or not, especially after COVID or during COVID, it felt like workplace violence was something that you both kind of giggled about, but you're right, it's something that's been discussed a lot. Working in this field, workplace violence is obviously something you guys have to deal with. How do you deal with it?

Kenzie Teft (Densmore):

So when you come into Northern Light Acadia Hospital as an employee, you have a two-day training and a course to help. Day one is really working to prevent any of that physical violence against themselves, staff, property, things along those lines, and day two is, if all else fails, then you have to intervene physically with a patient. How do you do that safely? And so, it's kind of funny when you come in as a new staff, you learn all these things, and you're like, "Okay, I don't really know how to connect with anything," and then you walk to one of our inpatient units, and you watch the orchestrated dance that our staff do to keep each other safe in those physical situations. It really just comes with experience. You have to figure out how to do it safely, and if you have challenges, we have to debrief.

Kenzie Teft (Densmore):

We have to figure out how to fix our model and move forward, make it safe. We've been in some pretty intense situations. As anywhere in nursing, healthcare is one of the most violent fields. We've had some situations where you come away and you're like, "That wasn't the way that we wanted that to go," and so it's just really trying to make it an environment where people feel comfortable to speak up, people feel comfortable to advocate for different training, more training, things along those lines to try and keep everybody safe. It's just really important. About maybe two years ago, we started quite a few workplace violence initiatives, and we actually saw market improvements, so much so that myself and our quality director presented at the Northern Light Health Quality Summit about some of our workplace violence initiatives and how much we had improved over the last couple of years. It is a huge focus for us here.

Emily Tadlock:

It's really great that you've at least been able to see improvements. I mean, that's huge. So tell me a little bit about the environment here and the culture here at Acadia. You're giggling.

Kenzie Teft (Densmore):

It's so funny, I had the pleasure of being a clinical instructor for UMaine as well a couple of years ago, and my favorite thing was asking students, and I'm sure you had it in your clinical experience, "What do you think Acadia is going to be when they walk in."

Kenzie Teft (Densmore):

They're all like, "It's going to be straight jackets. It's going to be One Flew Over the Cuckoo's Nest. It's going to be padded rooms," and so the expectations of what's inside our walls are really, really different than the reality, and so you didn't have clinicals here, so you were kind of walking in blind.

Miranda McKim:

Yeah. I went to the state, which was, I think, more scary. It's an older building, so it was very creepy.

Kenzie Teft (Densmore):

It just looks different.

Miranda McKim:

So I felt at home when I came here.

Emily Tadlock:

Yeah, okay.

Kenzie Teft (Densmore):

We get a lot of feedback from our nursing students, some of our staff, that it just feels like a different hospital. You won't walk up the hallway without somebody holding the door for you. You won't walk through a unit or a hallway without somebody saying hi to you and asking you about your dog, your house, or the mud in your yard. God knows what, so you will not walk through this place without somebody recognizing you, talking to you, and having a real person-to-person conversation, which I think is pretty unique here. I don't know if you want to speak to the community.

Miranda McKim:

Yeah.

Kenzie Teft (Densmore):

I've only ever worked here for a hospital setting, so I've just been fortunate to only experience that type of setting.

Miranda McKim:

Yeah. I haven't been as fortunate. So when I was a medical assistant, I left Blue Hill for a little bit and went to a different facility, and I didn't have the best interactions at that facility with providers, with other colleagues, with management, all of that kind of stuff. Coming here was just incredible. Again, like Kenzie said, you can't walk down the hallway without somebody saying hi, or walking onto one of the inpatient units and somebody cracking a joke or something, and you're walking in and you're engaging and all of that kind of stuff. Feeling supported by your providers and your clinicians, and really trying to work together as a team to get the patients the best care that they need.

Emily Tadlock:

Yeah. It makes you want to come to work.

Kenzie Teft (Densmore):

Yeah.

Emily Tadlock:

Right?

Kenzie Teft (Densmore):

It does.



Emily Tadlock:

Yeah, which is weird because work is work, but when you actually do something you enjoy with a team that you really enjoy being around, it makes it a lot easier. So obviously, nurses pretty much have their pick of what they want to do now. I mean, there's so many different types of nursing jobs. What piece of advice would you give to a nurse thinking about psychiatric nursing?

Kenzie Teft (Densmore):

I think that two pieces of advice, because why answer the question with one thing when I can answer it with two? So the first thing is, if you have any interest in psychiatric nursing, I recommend you give it a shot. The worst thing that happens is you come into a job, you learn incredible people skills, and then you move to a different job where you utilize those people skills. So no matter where you're a nurse, you're going to be a psych nurse. Just because you have a psych diagnosis, it does not mean you're not going to be admitted to a medical facility at some point and still have the same psychiatric concerns. You can always go the extra mile to build that piece of rapport with a patient and make their experience, regardless of where they are, just a little bit better.

Kenzie Teft (Densmore):

Then, the second piece of advice that I always have is find a job that you love. I am one of those really obnoxious people that, every morning when I wake up, I actually get excited to come to work. I say it in any form that I can say it, "I literally love my job." I have absolutely no idea what I would be doing if I was not doing this job. I entered this hospital not really knowing kind of what direction I wanted to go to, and I found an organization that supports me every step of the way, fosters growth, fosters educational opportunities, and really pushes people to embark on their own journey to what they want and who they want to be. It's just allowed me a job that I just fall in love with my job every day, so it's amazing.

Emily Tadlock:

That's awesome.

Kenzie Teft (Densmore):

Yeah.

Emily Tadlock:

What about you, Miranda? What advice would you give?

Miranda McKim:

Come in with an open mind. Shadow. I would say if you're interested, shadow, just to see what a day in the life is like, because as we've touched on before, the perception of what mental healthcare is, is not even close to what it actually is, but whatever is worth it to you, find that niche you have and dive in.

Emily Tadlock:

What is your why? Why did you decide to even explore psychiatric nursing?

Kenzie Teft (Densmore):

Mine is a little odd. So I started as a marketing major at a school in Maryland, and I was like, "This is kind of what I like, but it's not really it," so then I transferred to psychology. I was doing a research thesis for my first undergrad, and I happened to work in the Maine adolescent peer lab, and it was on adolescent suicidality and what that looks like in friendships. I was like, "Okay, I actually kind of love this," and so I

just started diving into that, and as weird as it sounds, I just fell in love with the whole concept of it, and trying to figure out what can give people that 180 to turn around their current outlook. And so, then again, I started to work here, and I couldn't really articulate why, apart from it made sense with what I was going to school for.

Kenzie Teft (Densmore):

Then, it's a hard job. Anywhere is a hard job, and then the more I worked here, I just had these profound moments, where you realize that a conversation that you had with a patient directly correlated to them turning something around, turning a corner, and moving forward in their own life. It is not an immediately gratifying job. It takes a lot of work, but having those moments is something, like I can pick out ten days in my career where I'm just get goosebumps, and you kind of tear up knowing that you watched a patient come in at their lowest low and leaving it what won't be their highest high, but certainly higher than they were. It's been interesting to have such longevity here, because out in the community, I'll have this random person walk up to me. It's happened a couple of times, and they say your name, and you kind, "I don't know how I know you. This might be bad."

Kenzie Teft (Densmore):

Then, they thank you for something that you said to them like five years ago, that really changed the trajectory of their life, and you can do that in any field of nursing, but I find it's really pronounced here. In nursing school, anybody who's in nursing school, has gone through nursing school, you're about to go through nursing school, know that you are going to write 700,000 care plans, 700,000 interventions on those care plans, 100,000 times for a million different patients. Care plans is nursing school, and you write down Interventions for each patient. I find that psychiatric nursing, instead of writing down a cardiac med, an IV, wound care, or whatever, you're writing down your own name and you're the intervention for the patient that's really going to make an impact on them, and I think that that was a really long answer, but that's my why for psych.

Emily Tadlock:

A very long, but compassionate answer.

Kenzie Teft (Densmore):

Yes. I love my job.

Emily Tadlock:

Miranda, what's your why?

Miranda McKim:

My why is we've been through it, growing up. We've been through it. I specifically took a little bit longer to become a nurse, because I've had my own medical issues, that is hereditary and our mother went through something similar when we were in high school. And so, watching your mother go through stuff like that, then being told you have the similar thing, going through it yourself, trying to care for your siblings, but being strong for everybody else, took a toll. I was able to recognize a lot of, yes, psych is everywhere. Every place you go, grocery stores, regular stores, road rage, whatever it is, psych is always there. And so, I've known I've always wanted to be a nurse, because I'm just a natural caregiver, but the creative process that you have to have as a psych nurse is wild. Med surge nursing, like Kenzie had said previously, it's very task-oriented, and it's similar day to day.

Miranda McKim:

You're always passing those meds. You're doing the same wound care, you're doing the same thing. Psych, you cannot predict a single thing that is happening when you come into those doors in the morning. And what works for the patient the day before may not work the next day, or what works for one patient may not work for the other, so having to rack your brain and be creative on the spot, challenging yourself, challenging those around you to come up with something wild to help this patient, is gratifying. It's a bigger sense of yourself, I guess, and you can pick out the strengths that your team has, play to those strengths, and then help and challenge their weaknesses to help them grow. And so, I think my why is you have to think on your feet. You're always busy and, like Kenzie said, you are the intervention. You are the one making that change and affecting people's lives in a huge way.

Emily Tadlock:

Awesome. So one thing that we didn't really talk about, so obviously, the need for behavioral health is incredible. Talk about that need and some of the steps that Acadia is taking. I mean, you guys are working in brand new spaces, so tell me about that.

Kenzie Teft (Densmore):

We opened a brand new pediatric wing for the hospital, which in our old building, a lot of all of our rooms were semi-private rooms, which meant that they had two beds in them. It doesn't work super well for psychiatric patients. When they're at their lowest low, everybody has a unique need, and a lot of times those diagnoses or presentations of symptoms don't mesh well with others. A lot of times, we had to block beds. We had reduced census, because we just couldn't fit presenting problems with the current problems that we had on the unit. For patients, opening up our new pediatric wing allowed us to have 50 private rooms, so no patient has a roommate in our pediatric building, so there's no reason to block a bed. There's no reason to do any of that, and it really has increased our ability to serve our pediatric patients.

Kenzie Teft (Densmore):

We were having some pediatric patients wait upwards of a week in an emergency room to try and get an inpatient psych bed, and that problem has been significantly addressed. In just two months, we've gotten some feedback from Northern Light Hospitals and other hospitals across the state, that it was "Like a floodgate opened when we opened our building," because we were just able to take so many more patients so quickly. So that's a huge step. We're doing a remodel for the adult floors to again make private rooms so that we can serve more adult patients, and then we're doing a big push to improve our access for our outpatient services, and redefine what it looks like to improve patient lives so that we're pushing everybody forward and allowing as many patients who need it, that access.

Emily Tadlock:

With more patients comes a higher need for more nurses.

Kenzie Teft (Densmore):

Yes, it does.

Emily Tadlock:

And more professionals in behavioral health. So yeah, hopefully, maybe this podcast has touched someone and or at least started turning their gears to think about becoming a psychiatric nurse. So one more question. Is there anything that you guys would like to leave with our listeners before we sign off this podcast?

Miranda McKim:

Just come shadow. Come watch outpatient, inpatient for one day, and I think your whole world will be turned upside down. It's a different...

Kenzie Teft (Densmore):

I would just say, I can't stress enough that you should find what you want to do, and a lot of people can tell you what they think that you should do, what the best career path for you looks like, how much time you should spend in each path, whatever it happens to be, but my suggestion would be that you do what you want to do, because the job opportunities in nursing are endless. So as long as you're finding the one that you want to do, not what your parents or anybody else wants you to do, I think that's just my only advice, is just find something that you want to be.

Miranda McKim:

And it's okay to try on different hats.

Kenzie Teft (Densmore):

Oh, it very much is. Yeah.

Miranda McKim:

It's okay to start something, not like it, and move on to the next thing. It doesn't stop your progression or take away from your talent. Just try on all the hats.

Kenzie Teft (Densmore):

Mm-hmm, and it's okay to cry as a nurse. That's my last piece. I read a quote once about how nurses are similar to succulents. We have a nurse residency program, and on the last day, they all got a succulent once. They were listing it, and I was like, "Oh my god. This is actually super true. It was talking about how we go for long periods without water, you need some sunlight, not all," and it was just going on and on and on.

Kenzie Teft (Densmore):

I was like, "Well, that is just true," it's just okay to not be okay as a nurse sometimes.

Miranda McKim:

100%.

Kenzie Teft (Densmore):

If you have to walk into the bedroom and have a few tears, it is what it is, and then you just move through it and debrief with co-workers after, but it's okay to cry.

Emily Tadlock:

I think that's a great piece of advice.

Miranda McKim:

Yes, I like it. I like it.

Kenzie Teft (Densmore):

Yeah. [inaudible 00:32:02].

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Emily Tadlock:

Awesome, ladies. Well, thank you so much for being on the podcast with me. I truly appreciate it. I know you guys are busy, so it means a lot that you took some time out to tell us a little bit about what you do.

Miranda McKim:

Thank you so much.

Kenzie Teft (Densmore):

Thank you so much.

Announcer:

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