Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

Welcome to Nightintales. This podcast was created during the International Year of the Nurse and Nurse Midwife, and what a year that was. This podcast is dedicated to telling stories of nurses from across our profession. Our goal is to introduce you to the seemingly infinite possibilities in nursing and encourage you to find your true passion within this work. I'm your host, Jessica Spruit and I'm so glad you're here.

Thank you for joining us for another episode of Nightintales. Today we have Dr. Kate Zimnicki with us. Dr. Zimnicki is an associate professor at the Wayne State University College of Nursing, and she also brings the unique perspective of a wound, ostomy, continence nurse, and I'm excited for you guys to hear about this. I think this is another one of those roles in nursing that we don't necessarily hear a lot about or have a lot of exposure to as we enter the profession, but certainly some that become our most trusted and appreciated colleagues when we're actually practicing in the clinical environment. So Dr. Zimnicki, thank you so much for joining us today.

Kate Zimnicki, DNP, RN:

Well, thank you so much for having me.

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

I'm glad to have you. I can't tell you how much over the years I've grown to appreciate wound, ostomy, continence nurses. It's definitely not a strength of mine, and so I'm always grateful when we have people who have dedicated their professional work to caring for patients who need this kind of special attention and expertise.

Kate Zimnicki, DNP, RN:

Uh-huh (affirmative). Thank you. It is an area that I never thought I would do when I started out, and yet it has become a real passion for me.

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

Oh, that's awesome. I know how badly we need that, and so I'm anxious to hear about it. If you don't mind, Dr. Zimnicki, can you just tell us a little bit about your entry into nursing, what your first job was, and what led you down this path to becoming, both an associate professor, but also a wound, ostomy, continence nurse?

Kate Zimnicki, DNP, RN:

I'm one of those old nurses, right? And so I started out in a BSN program. It was right out of high school, and I went to Mercy College of Detroit when Mercy College of Detroit was Mercy College before it became part of U of D Mercy. And I graduated in four years. Then my first job was at Children's because I knew that I wanted to be a pediatrics nurse and it was just going to be great. And I lasted about a year before I said, oh my God, I don't even want to have children myself, much less take care of any children. I think I could do it now. But at the time, it was really very overwhelming to go from a student to being in charge on afternoons on a toddler medical unit. It was really something.

So I went from toddler medical to adult surgical ICU. So that was my leap. And I had the benefit of some really great mentors, wonderful people that I worked with in the adult surgical ICU arena that was at Mount Carmel Hospital. And then I went back to school at Wayne State, got my master's degree because I knew I wanted to teach. And then when I got done, I said, oh, maybe I really don't want to teach. This is kind of the story of my life, right?

And so then I went to work at Henry Ford Hospital as a clinical nurse specialist. And I was a clinical nurse specialist on a couple of different units, a step down neuro unit. I was the CNS on a trauma unit, on a general med surg unit. And then I was walking down the hall one day, and one of my peers said, "Hey, you have your master's degree. Wouldn't you like to be on the wound care team? We'll pay for you to go back and get your certification in wound, ostomy, incontinence." I was like, "Oh, okay." And Jessica, I don't even know if you're old enough to know what but [tinkoben 00:03:53] is, but tinkoben was something that we used to make dressings stick better. So it was like, we put it under tape and it was like super stick.

I loved the smell of tinkoben, and I loved dressings, and I thought, why not? I'll go back to school and be a WOC. And at the time, it was wound care that really floated my boat. And when I got done, I was on the inpatient wound care team for maybe five years or so, six years. And so we did inpatient wound care, chronic and acute. We did ostomies, and I did that through the time that... Well, I guess it was for about five years before I came to Wayne State. And then I maintained that practice after I came to Wayne State to teach, and I run an outpatient ostomy clinic as an advanced practice provider. So I see people both pre and post surgeries that create an ostomy.

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

Oh, wow.

Kate Zimnicki, DNP, RN:

So if I have one more minute, as I said, I loved wound care, is what I thought I loved, and wound care is still really cool, but my passion has become the ostomy patient. And so I love to work with people who are going to have this life altering, or at least what they perceive to be this completely life altering, my life is over surgery, and helping them to see how they can still have a great quality of life and helping them to figure out simple things that make their life easier. So it's a population that I don't think they have a lot of support. There aren't a lot of clinics that are focused on ostomies, more on wound care. Surgeons, I love surgeons, but once they're done with the surgery, they don't know what to do with that ostomy if it isn't working very well. So there's a real opportunity to make a big, big difference in peoples' lives.

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

I love that because I do think about what a life changing experience that is. And I imagine that a nurse is perfectly, especially an advanced practice nurse in this role, perfectly positioned to help empower those patients, to provide good care of their ostomies, and to promote a full life despite this change that they've encountered. And I love that it's a nurse, again, who is the one that's helping them kind of create this new life and recognize all of the potential that's still in front of them.

Kate Zimnicki, DNP, RN:

And my DNP project, when I got my DNP through Wayne State, and I graduate with that in 2012, and I never was going to do that by the way, never. But there I did, I did that. And when I got my DNP, my project centered on, we always talk about where's the gap in practice? And so the gap for me was that people were not getting preoperative teaching and marking before their surgery. Something that we always tell, it's in all the literature about how important that is, and yet that wasn't happening in my institution for acute care patients.

And it really solidified everything that we try to teach people in the DNP project about taking the research and taking your knowledge about groups and your knowledge about leadership and your knowledge about change, and how do you make a change based on all of that, because the literature was very clear that it needed to be done, and the assumption is always that it's somebody's fault as opposed to that the process isn't there for having it happen. And that launched... I mean, I've had articles published about it. It really opened my eyes. Even though I knew it in my head, it really showed me how that process improvement can make a big difference, and to identify where the problem is instead of just saying, it's the surgeons or it's this person or that person, that it's all of us together who can affect a change.

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

That's such an important project. And I imagine that that pre-operative education probably helps take the edge off someone who's going into surgery too, and who's anticipating all of these unknowns, right? You are able to kind of help them understand better, provide answers to their questions before they even have to go through that surgery and through the procedure.

Kate Zimnicki, DNP, RN:

It really does make a huge difference. I mean, we talk about the importance of pre-op teaching, but when it's done right, and they really can ask those questions, and then they wake up and they say, "Oh yeah, Katie told me about this," and, "Oh, I've seen a pouch before, and I've practiced emptying it. And I know what my skin is supposed to look like." It really does... At least other people tell me, because I don't see them that much in the acute care setting anymore. But they tell me they can always tell which patients had had it and which ones haven't.

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

Well, and I imagine it promotes better outcomes, right?

Kate Zimnicki, DNP, RN:

Yeah, it does.

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

They're better able to take care of those [inaudible 00:09:18].

Kate Zimnicki, DNP, RN:

Just like the literature says it will.

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

I love it when we can actually correlate the literature to a real life practice, right?

I'm curious, if you don't mind, one thing I love is, when I listen to your story, hearing about, I thought I wanted to be a pediatrics nurse forever, and then I switched. And then I did a surgical ICU and then I switched. And I love that nursing presents so many opportunities. And it sounds like this wound, ostomy, continence opportunity kind of fell in your lap. One of your colleagues recognized you as having gained graduate education in nursing. But can you tell us a little bit about what a wound, ostomy, continence nurse does and what other things they could do? I understand what your journey has looked like a little bit from what you just introduced us to, but what other things could you do with this?

Kate Zimnicki, DNP, RN:

It is a certification that I think is very much in demand, and there are different ways to become certified. Now I'm certified through the WOCN organization, so the Wound, Ostomy, Continence Nurse's Organization has a certification. They have a multitude of programs that people can attend. They all involve some classroom, or now it's mostly online, but some didactic kind of component, and then a clinical component that you can either do at the facility that is providing the certification. So the Cleveland Clinic has one, Emory has one, Rutgers has one, different programs that offer this. And you can either do your clinical there, or you can do it in your own area. So I would say that that is more the avenue that a lot of people take. So they do an online component, and then they arrange their own clinical component where they're at.

So people have contacted me and said, "Well, would you precept me for my ostomy hours?" Or they'll contact somebody on the inpatient side, "I need some inpatient wound care." And so they'll do their hours that way with somebody who's been approved as a preceptor.

There are other organizations that also provide different kinds of certification, especially for wound care. And through the WC as well, you can just do wound care. You can do wound ostomy. You can do wound, ostomy, continence and be certified in one, two, or all three of them. So I have tri-certification, but a lot of people are certified in just wound or just wound and ostomy because that is really where their focus is.

Where can people work? They can work inpatient for sure. So different hospitals hire more or fewer than them. I think Henry Ford has about three or four at Henry Ford hospital and then they have some at Wyandotte, at West Bloomfield, Beaumont. Dearborn has three or four. So there is a role for them on the inpatient side. And they will see people with chronic wounds, for example, new ostomies. They'll get that teaching started on the inpatient side. They'll help with the nurses to identify wounds. They're involved in quality improvement projects to improve outcomes, to reduce the numbers of hospital acquired pressure injuries, for example.

Then there's the outpatient side, so outpatient wound care clinics, extended care facilities, home care facilities, organizations all hire ostomy wound individuals to provide care for their patients. [crosstalk 00:13:14] And then there is also an advanced practice. You can get an advanced degree in wound care. That could be your clinical focus. So there are some programs where that is their clinical focus. And so they get their master's degree as a nurse practitioner in wound care, for example.

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

There's so many different opportunities there.

Kate Zimnicki, DNP, RN:

Mm-hmm (affirmative).

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

When I think about nursing and you think of the inpatient acute care setting, and you think about what those hours might look like, or at a long term care facility, or in a clinic, even within this specialty, all of those opportunities are still there, and you could still be practicing your passion of wound care.

Kate Zimnicki, DNP, RN:

And different patient populations. So pediatrics, because I know you're a peds person, Dr. Spruit. So there are so many pediatric conditions which result in either a temporary or a permanent ostomy. And so when I was inpatient at Henry Ford, and they have a big neonatal unit, and I was seeing all these little babies, I was back to being at Children's, seeing all these little babies with ostomies. So these tiny little things that should still be swimming around in somebody still with a colostomy or an ileostomy, and the trauma for that family of not only a premature birth, but now a premature birth and a condition with an ileostomy, for example, with necrotizing colitis or whatever that has resulted, Hirschsprung's, whatever has resulted in that, helping the family to navigate that, either as a short term condition or something that's going to be long term and helping them to get the support that they need once they're discharged.

So it's not like, oh, it's just for adults or old people, or only old people have chronic wounds or only old people have an ostomy. It's every patient, and every nurse should know how to do the basics, but it is really, the sky's the limit. The organization is great. WOCN has a great organization, great journal if people are interested in that, conferences on both the local and the national level. So there's a lot of room for professional growth too. If you're interested in research or you're interested in QI you're interested in any of those things, you can really be involved in that, whether you have a bachelor's degree, a master's degree or a PhD or a DNP. In the organization, you can do all of those things.

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

Yeah. I can imagine, as you said in the beginning, this is a field that's in great demand, right? We are caring for six for patients, and we've got increased access to technology. When you think about those neonates who are born younger and living longer, I imagine that that does continue to grow.

Dr. Zimnicki, you described a little bit what it takes to become a certified wound, ostomy, continence nurse. You talked a little bit about the didactic content and then also the clinical hours. What does it take to maintain that certification?

Kate Zimnicki, DNP, RN:

There is a certification exam when you're done in order to be certified. So you can graduate from a program, but you aren't certified until you take the exam. And again, there are different organizations that give certifying exams. I'd say the biggest or the most well known is probably still the WOCN, so to be certified through the WOCN.

Once you achieve certification through whatever organization, I'm the most familiar with the one, every five years, you have to re-certify, either through exam, or can re-certify through ongoing education and ongoing involvement in projects. So quality improvement projects earn you so many points. [crosstalk 00:17:32] Oh no, there you go. So you can re-certify through writing articles, through participation in QI, through articles, ongoing education, those kinds of things. So it's more or less difficult to do it through professional growth, depending on what your position is. For me personally, I just recertify by exam every five years.

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

Oh wow.

Kate Zimnicki, DNP, RN:

This is maybe not what you want to know. It's the same cost to do it either way. And for me, in my position at Wayne State, I'm not involved in as many of the QI kinds of projects in the hospital setting that would get me points, and so it's a little bit harder for me. So I get points for presenting, and so I probably could do it because of presentations and articles that I've written, but I tend to just re-certify by exam.

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

I admire that about you because I think so many of us have taken various certifying exams and thought, we're never doing that again. But I admire that. And I imagine that there is a lot of ongoing education that's necessary to maintain competence in a role like this because we know that the products, the technology continues to evolve as these companies produce different supplies and different bandages and things like that, I imagine.

Kate Zimnicki, DNP, RN:

Well, and even things like continence, for example, and I always say, well, I don't do a whole lot with continence, and I'd say many WOC nurses don't unless they have a specific continence kind of. So I always try to really, when I go to conferences, go to things on continence, and things, for now, on wound care too, because I don't see it as much in my clinical practice. And as you say, things are changing so much, even just basic things like external catheters, external continence devices for men and women, which we see all the time in the acute care setting now. The development of those, and what is the best underpad, and how do we best protect against incontinence to prevent incontinence associated dermatitis, a diagnosis that we never talked about 10, 15 years ago. We didn't talk about incontinence associated dermatitis nearly so much as we do now and how to prevent it in adults and children for that matter. So there is a lot of research and a lot of new knowledge that's coming out in the field to stay on top of.

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

This is, it's so important. I work in pediatrics, as you said, but certainly have definitely consulted my fair share of wound ostomy nurses, for sure, whether it's new ostomies or just patients who have impaired skin integrity related to, they're immunocompromised, complications of a bone marrow transplant. I've definitely relied heavily on people with similar expertise as what you have Dr. Zimnicki, and I truly am grateful for that.

I am curious, is there anything else, and this can be beyond, I think, beyond the role of a wound, ostomy, continence nurse, but anything else you would say to nurses who are listening and thinking about various specialties in nursing or what their path might look like? Anything you wish you knew when you started as that pediatric nurse who actually didn't care for pediatrics or that you wish you knew now, that you would've known sooner?

Kate Zimnicki, DNP, RN:

What I always tell students that I have when they're trying to figure out that first job is to be open to the fact that things change and your interests change. Who you are as a nurse doesn't change, I don't think. What you view as your role as nursing can expand, but you take what you learned from one setting to the next. And so I learned valuable things about myself at Children's, about my interest from Children's. I learned how to pour medicine down somebody's throat without them wanting it. I learned some valuable skills, right?

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

Yeah.

Kate Zimnicki, DNP, RN:

And then when I went to the ICU, it really sparked that passion that I have for pathophysiology and to understand that side of things, and to understand why people end up with the diseases that they do. And I did ICU for a long time, but as you can tell, I love to chat. And so I said, oh, well, nobody talks to me anymore in the ICU, and so...

But I took that then to that role as a clinical nurse specialist in step down units and everywhere I went, I learned something. When I was the vascular CNS, oh, I learned an awful lot about vascular stuff. Did that help me when I went into wound care? Absolutely. Did ICU help me when I went into wound care? Absolutely. Children's, to understand that everybody has these same needs and the skills in how to interact with teams and how to work with people and how to be on a committee. What kind of a leader am I? And can I somehow improve my leadership skills? I'm never going to be a servant leader, Jessica, never, never, but I can work on being a little less bossy, right? And so I can work on those leadership skills, and that's all stuff that you learn.

And so to not say, oh, you know what? I'm just going to not be a nurse anymore because that first job was not what I thought it was going to be. Well, what can you learn from that about yourself and about what you want? And so the next job you look for those things that you need to make that be successful. I mean, I've worked nights, I've worked days, I've worked a million different kinds of settings. In every setting, I took something away from it to the next place, that nursing provides you with an unending opportunity to learn. I don't want to say to reinvent yourself because I do think you stay who you are, but to understand yourself and what you can provide to your patients.

People always ask me, do you wish you hadn't become a nurse? They'll say, Oh, you're smart. Why didn't you go into medicine? Why didn't you become a doctor?" I'm always like, "I love nursing. And I love nursing as much now, more than I did when I started out." And I can't imagine a better profession for me personally or for almost anyone. It just really does give you that opportunity to do so many things.

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

I love hearing that. I share your love for this profession and for all that it has to offer. And I can't help, as I'm hearing you talk with such passion about nursing and your path, I can't help but think that, I'm imagining you in a clinical setting, teaching families, patients and their families, and helping them adjust to something that truly may be the most frightening encounter they've had with our healthcare system, right? When they learn they need to procedure like this and they get an ostomy, I'm imagining you in that clinical setting and engaging with these patients and families. And I'm thinking, this all started with her love for the smell of an adhesive and her willingness to jump on an opportunity when someone suggested she pursue a different certification. I mean, what a journey, what a special way to get to where you are, and what a gift you're offering all of these people that you're caring for.

Kate Zimnicki, DNP, RN:

Uh-huh (affirmative).

Well Dr. Zimnicki, I so appreciate your time today and hearing about this story. I've always wanted to learn a little more about wound, ostomy, and continence nurses myself, I think especially because it feels like such a vulnerability to me, and I really appreciate you sharing this information with us and sharing that last sentiment about just truly what a great profession this is.

And if any of the listeners have any questions and want to follow up with me, want to talk about how to achieve certification or how they can maybe become involved in it in... They're working as a staff nurse, but they have an interest in it, and how could they explore that maybe with the people that are within their institution, they can feel free to email me. And I'm happy to either talk with them personally or give them some thoughts about who they can maybe follow up with where they work.

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

Great. Well, thank you so much for your time and your story. I'm really grateful for you.

Kate Zimnicki, DNP, RN:

Okay. Thank you.

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

Thanks.

Thank you for listening to this episode of Nightintales. As you do, we encourage you to consider the unique nature of each person's journey through this profession. The views shared on this podcast are those of an individual, not the academic institution that they graduated from, their employer, or the professional organization that they're active in. The stories of their career path and progression are not intended to suggest that there is a uniform approach to achieving similar accomplishments, but to open your mind to all that is available to you. Each journey in nursing is as unique as each individual that we serve. We hope you'll listen again next time.