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.

Welcome back for another episode of Nightintales. I'm glad that you guys are with us, and I'm also glad to introduce our guest today. Today, we have Kevin Bonikowski with us. Kevin is a certified wound, ostomy, continence nurse, and he's also a senior executive of surgical device sales at ConvaTech. I'm excited because this is the first time that we've had a guest on this podcast who represents industry, and I think this is something that we always think of a little bit with nursing but definitely nothing that we are exposed to in our undergraduate education or in many of our roles. So, Kevin, thank you so much for joining us today.

Kevin Bonikowski, BSN, RN:

Thank you so much, Jess. I appreciate being here, and I think a lot of my career path... When you say that a lot of nurses don't really think about going into industry, a lot of my career path is a way that a lot of nurses don't really think about going as well. So it'll definitely be interesting in my thoughts on how I got to where I'm at. It'll be interesting and fun.

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

That's perfect because that's what we're trying to highlight. As those of you who listen to Nightintales know, there are so many different ways that we can go in nursing. There is pretty much unlimited opportunity for us within this profession, and it's really just a matter of finding the right fit for us. So I'm excited, Kevin, to hear about your journey. If you don't mind, could you just start by telling us a little bit about how you got into nursing and what that first job looked like after your education?

Kevin Bonikowski, BSN, RN:

Yeah, so I'm going to go way back. My dad was actually a surgical tech in the OR, so he had that medical background, and I always was interested in different cases that he would talk about or... He actually had back surgery, and he made them videotape it, and I was the only one that would actually watch it with him. So I've always been interested in the blood and guts.

In high school, I actually took Medical Careers 1 and 2, which was my junior and senior year. My senior year, I was able to go into the hospital. We were just more like the CNA, passing waters and following the nurses, but it at least gave me an idea of what's going on in the hospitals and what the nursing staff are doing. But I also had a co-op job, and it was actually with my eye doctor, who actually worked with my father. So he helped get me that co-op job, and just talking with him, I had a great relationship with him, and he would tell me, if he could do it all over again, he would actually go into nursing and go be a CRNA, which I think a lot of nurses plan on going the CRNA route just because, again, it's lucrative. There's a lot of money that's involved in it. But it's definitely not for everyone, and, really, getting there can be difficult as well.

So I had that medical careers class in high school. Going with my eye doctor's suggestion, it really helped further my path, that CRNA route. I actually went into the OR with my father and shadowed some CRNAs before I even went to college. So I went to Wayne State University, which is located right in Detroit. Jess knows exactly where that's at. So I went to Wayne State with the head that I was going to be in nursing. I did play some sports in college and, just any new graduate or any new college student, the first two years, might have struggled a little bit and really looked at it. I didn't get into the traditional nursing program. I looked at myself and said, "Is this a path that I really want to go into?"

So I was able to talk with a lot of my counselors at Wayne State, and they let me know that there was a second degree nursing program. I really looked at, "Okay, what classes do I need to take? What is the best route for me to get to that second degree nursing program?" I ended up changing my major to nutrition and food science. So I did get a bachelor's in nutrition and food science. I was able to pull my GPA up, and I actually got into that second degree nursing program the first try that I applied to it. So I was pretty excited with that. With it being a second degree nursing program, it's an accelerated program, so I think it took me about two years to completely complete that program. I actually finished my college career with five and a half years but came out with two degrees, so I have a bachelor's in nutrition and food science, and then I do have a bachelor's in nursing. That really helped to carve the path to where I went and am at now.

Once I got out of school, I really never had a full job in the hospital, and, really, that CRNA path, a lot of times, you do need that ICU experience, and I really did not feel comfortable going right into the ICU. I felt like just my nursing skills, I needed to really get a feel for what the career was and make sure that I was prepared and ready for that. Yeah, I want to say my senior year at Wayne State in the nursing program, we had a management course where I followed around some nurse managers, and I actually followed a nurse manager over by my house in Mount Clemens and got a great relationship with her. When my semester was actually ending, I happened to just ask her, saying, "Do you know if the hospital has any open positions?" The next day, when I came in for the rotation, she had a sheet of paper that had two different times. One was 3:00 to 11:30, the other was 11:30 to 7:00 AM, and she goes, "These are the shifts that I have open. Which one do you want?"

So, essentially, that was my first nursing job interview, was just picking what shift I actually wanted. It wasn't the most typical first interview process, but it was... I got to know her, I got to know the unit in going from there into my first nursing job, and that was a med surg telemetry unit. We were a little bit more of a step-down unit. I mean, I still remember my very first day after passing my NCLEX having my own patients on my own. I was getting report and I had the aide come up telling me that, "Hey, you got this patient," where I'm like, "Yeah," and they're like, "Well, they're complaining of chest pain." I'm like, "Okay, what do I do? I know if I had A, B, C, and D, I could choose the right answer, but in real life, it's like you have to critically think." So I was able to get through that. We were able to make sure there was nothing really going on.

Then, later that day, I had a patient come up with blood, a blood transfusion, and I'd never had a patient with a blood transfusion. I don't think I left the hospital until probably 1:00 or 2:00 in the morning my first day, and I'm like, "What am I doing with this? Why did I become a nurse?" Realistically, it's been the best decision, and you definitely learn. The first six months of any job is difficult, but it really has opened up the doors to where I'm at now. I don't know, Jess, do you want me to speed things up or go through things? Because, again, I can keep talking.

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

No, I think you're doing great. I think that what you've lent is a really important perspective there that, all of a sudden, because that RN appears behind our name after we've passed the NCLEX, it doesn't actually make us somehow magically more prepared than we were. I think that you reflecting on really needing to apply your critical thinking skills and get through that first day... I also appreciate, Kevin, that you shared the first six months were really difficult. They were really challenging, and that might be nine months or 12 months for some people. But I loved that after that you said but, really, it was the best choice you could have made. So, no, I'm enjoying hearing about this and also hearing those reflections. I think that we shouldn't have the expectation that we start our job and we just magically integrate so well into the unit and are so well-prepared to deal with every curve ball that's thrown our way. I mean, it's a challenge, right?

Kevin Bonikowski, BSN, RN:

Absolutely.

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

It's no different than our education. It's challenging. We have to persevere through those tough days.

Kevin Bonikowski, BSN, RN:

Right. And the best thing, too, is the unit that I went on, even though it was a heavier unit, we were a close-knit family there and that's... I think that's one thing here. Especially during COVID times in the pandemic, you do hear a lot of these nursing floors where they are family. They work together. They help out with each other. You really do stick along, and that's something that [inaudible 00:09:14], where I was at, they really taught me a lot. So it really helped just get things moving. But wherever I was at, I'm always... What can I do more, right? I always want to be learning. I always want to know what can I do?

So, one, I tried to get charge nurse as soon as I could. So, that way, I can help run things and understand how the floor is put together, make an assignment. So I made sure that I was charge nurse. Obviously, we needed to be BLS, but we did a lot of rapid response and codes, so I wanted to make sure I was ACLS certified, too. So I made sure to go through those courses. It was in the time, too... This was back in 2009, 2010, and we were starting to transition into the computer charting. I was a super user, so I could learn and know how to do that. Plus, I was more of a tech-savvy guy, so it really helped out with it. So I made sure that I really did as much as I could on the unit.

But one thing, too, that was always interesting that I always look back at is when I had a patient with a wound and I'd put in that consult, I'd always ask, "Why are they using that product? What other products are out there?" Or I remember, in the break room, the WOCN would come in and talk to us about their ostomy products that they had. I'm like, "Oh, that's kind of interesting. How did she get into that path? How did she get into that career?" So that was always just something I thought about, but I never really actually pursued it. Well, I was working afternoons, so 3:00 to 11:30. It was difficult because I did play sports. I had a family. I got married. So I was on the opposite shift of everyone. So I really started to look at what other areas can I work in?

I still had that CRNA route on my mind, so I tried to transfer to our ICUs, but I never got that opportunity. I looked at trying to get into the ERs, never really got that opportunity. Beaumont Home Health actually came up, where I saw a job posting for them in my area that I lived in. So going back to college, I actually, for community, had a home care clinical. So I actually had home care, and I tell you not, it was the wildest clinical I ever had. I still remember going into this home, and they had a pet squirrel that had no hair on it because they were fighting with each other, these two squirrels. I kid you not, I thought that was the best thing. I'm like, "This is awesome." I'm like, "I love it." So when home care came up, I actually talked to the manager before even interviewing, and, essentially, I knew that I had the job before I interviewed for that job, too. Went in, they talked me about the position, and they hired me in as just a case manager.

So I started in home care, and I really enjoyed home care because one thing with working afternoons in the hospital is every day I got new patients, right? The 12 hour shifts, they would a lot of times keep their patients, but I would get a new patient every single day, and so I really was like, "You know what? Home care is fantastic because I own these patients. These patients are mine. I'm looking after them. I'm the one that they're calling for assistance, help, questions, answers, needs, emotional support, whatever it is." It was one person at a time. I could sit down with them for 30 minutes to an hour, take my time with them, and really try to help out with them. You got to see, actually, what you were doing and how you were helping them out over that period of that month or two.

So when I was in home care... Again, I'm always someone that keeps the doors open. My main goal was, "Okay, I do want to go to CRNA." My dad worked with a bunch of them. He knew someone that taught in Chicago at the CRNA program and so, hey, I have some ins at different locations. But then when I was in home care, my manager, our east side WOCN, wound ostomy continent nurse, transferred to inpatient hospital, and so my manager just knew my personality. She came up to me and said, "Hey, would you be interested go into Cleveland Clinic to get certified for wound ostomy because we need someone on the east side?" She goes, "I know you have a bachelor's in nutrition and food science. Working with ostomy patients, there's a lot of GI issues, and especially with wound care and healing and nutritional status, it's important as well." I said, "Yeah, why not? That sounds interesting. I always have been interested in it, and, hey, if I can get my work to pay for me to go to Cleveland Clinic and get certified and have other credentials, absolutely."

So I ended up in 2012 going down to Cleveland Clinic. It was an intense month and a half in person and then a month and a half clinical going over all three, wound, ostomy, incontinence, and then having to study and take my boards. I actually took my boards right before my daughter was born, so it's been going on nine years now that I've been certified wound ostomy continent. Honestly, that really was a game changer for me. Once I got into the wounds and ostomies, I probably did more 70% ostomy, 30% wound care, but I tell you what, I love my ostomy patients. I still help out with a lot of people. I still have my nurses that I worked with call me up for them. Everyone I know will call me, and I feel like there's just not enough of us out there.

Ostomy especially... And, Jessie, you could probably talk about it. In nursing school, we really don't talk about colostomies, ileostomies, urostomies, any of the issues. You brief over Crohn's, colitis, and that, but it's an area that's really overshadowed and foreseen. It's an area that not a lot of nurses really go into. Again, I would be helping these patients out, just emotional support, and physically seeing them in a month with them and seeing the change that I actually was able to help them out with really, really made a difference. I really enjoyed that going forward with it.

So having that wound and ostomy background really changed my career again, and, too, when I was at Mount Clemens and when I was at Beaumont, I always took student nurses with me. I thought, "You know what? If I can help educate and teach new nurses," just like what you're doing with the podcast, trying to show what else is out there. So being certified wound ostomy continent, I can tell you, none of them ever thought about going that path. I would have these nurses following me and shadowing me, and I tell you, they got an experience that no one else did.

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

Kevin, I think that's so great because I think that, as you said, it is such an important role and definitely probably not one that looks especially glamorous, right? You talked about what it looks like to pursue CRNA or something. But when you think about why we all become nurses and what we offer to patients and their families, a wound ostomy continence nurse, really, can restore so much of that person's, their dignity, right? That's such an important role when you think about how vulnerable those patients are as you're caring for them, and to have someone who's as passionate about it as you are just sounds invaluable to me.

I remember in nursing school, like you said, it definitely was not something that we were exposed to a lot. One of my classmates had a real passion for it. It sounds very similar to the way that you felt about it, and I remember being so grateful to her and her ability to help me in nursing school and our clinicals because she was passionate about it and that was not my strength. That was definitely not something I was as good at, and so I was always so grateful for the people who could do that and do that well and appreciate what it means to be a wound ostomy continent certified nurse and what you can offer families. So I want to thank you for that because-

Kevin Bonikowski, BSN, RN:

I mean, it's definitely, working with the pediatric patients... And, actually, a funny story here, small world. I helped out with a young child baby that had Hirschsprung's disease, and move forward six years, my brother-in-law started dating a girl and started telling her that he had a brother that was a nurse and was in wound and ostomy. Then she's like, "Well, did he work for Beaumont," and he's like, "Yes." She went and got a folder, and I actually helped take care of his girlfriend's daughter six years ago.

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

Oh my goodness.

Kevin Bonikowski, BSN, RN:

But it's such a small world that's going on. And people all around us go through different things and have these complications. I mean, just around me right now, I know three people that have gone through different experiences to have an ileostomy, colostomy. So just having that support is really important. So that was really one of my passions. Honestly, during home care, moving forward to getting into industry, because, again, I can talk and talk, sorry, but-

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

No, it's fine.

Kevin Bonikowski, BSN, RN:

But getting into industry. I always want to be... Especially, I liked being specialized in wound ostomy continence so I can really focus on that field. I can really know everything about that field and really be able to be the best of what I can with that. So I talked to my reps all the time, wound, ostomy, whatever it was. I wanted to know new products that were out there. Beaumont didn't always allow us to go to conferences, so this was my way of figuring out what is out there, how can I help my patients, how do I get it. I had a great relationship with my DME, so we had Beaumont DME with us. I was in there all the time, figuring out HCPCS billing codes. How can I order this? What I get away with? How many are they allowed?

So it really is important knowing all the numbers and what you can do with that and how insurances work, right? Because it's a matter of is a patient going to pay for it, can they afford it, what can we do to get that for them? So I had a great relationship with a lot of my reps, and, actually, one of my ostomy reps, he was fighting to get me working with them. He's like, "You would be fantastic as a clinical specialist with us, your passion, your knowledge when it comes to that." He's like, "It would be a no-brainer." So I actually applied for that position. They flew me out to Minnesota. I was one of three people flown out to Minnesota. They actually wanted the person to live right in that Minnesota area, so I would've had to relocate, and one of the three of us actually lived right in Minnesota. So they hired that other nurse that lived right there.

Honestly, I was okay with it because that would've been a huge change with family and everything. I have two daughters, so just moving them up away from the grandparents and everything, that would've been fairly difficult. So, again, I was happy where I was at. I had the passion where I was at. So you know what? The opportunity came up. It didn't work out for me. I was fine with that. Well, it turns out a year or two later ConvaTech was hiring for their advanced wound care side as a clinical specialist and this role covered Michigan. So I applied for it, and this is probably the first job that I actually had to truly interview for. Again, working with Beaumont for eight years, it's been a while since I even had an interview, too. Interviewed for it, I thought it went terrible. I called my dad. They flew me out to Chicago for the interview. I told my dad, I'm like, "I did not get this. This went terrible."

Lo and behold that I get a call the next day that they wanted to move forward with it and I was going to be talking to their area sales directors and moving forward. The whole process when it comes to industry, especially for the clinical role, I mean, it was probably at least a two-month interview process. I interviewed probably five or six to times with the regional manager and the sales director and the sales director of wound and ostomy. You talk to everyone because they really want to make sure that you're a good fit for their company. So I actually got hired in three years ago last week. I got hired in at ConvaTech as an advanced wound care regional clinical special. So all this all the way to get to this point here.

So the one thing you have to look at in sales, there's a lot of different opportunities and ways to go, so I got into the clinical side because, obviously, being a nurse and having that wound ostomy background and hands-on and home health experience, I thought the clinical role was a great fit for me. When I first started in, I covered both Michigan and Ohio, so it was a little bit of a territory, and I covered both our advanced wound care and our surgical side. With ConvaTech, we're really known for AQUACELL. AQUACELL has been around since 1996, and ConvaTech was actually one of the first company or the first company to create an advanced wound care product. It's now DuoDERM, but it was called... Off the top of my head right now, I'm drawing a blank, but it was started in 1982. So I always make a joke when I'm presenting that wound care has been around longer than I've been born. It gets a little chuckle out of the nurses, but you got to have some fun with it.

So, no, so I started with ConvaTech as a regional clinical specialist. I covered our surgical dressing. We released our disposable negative pressure Avelle dressing device, AQUACELL, our AQUACELL foams, and so I was the clinical support to my sales team. A lot of times, I would say 99% of the reps have no medical background. They just came from business or marketing or whatever their degree was in, and they got into sales. They've never used the product. They've never seen the product. They might have heard about the product. They obviously did their research before getting the role. So they would get these meetings set up in the hospitals or in the wound centers, and they'd be talking to these clinicians or these managers, and they didn't know how to really use them. I mean, you'd go through your trainings, but in real life, they've never used the product.

So I would come in as the clinical person and have that clinical discussion with the nurses, with purchasing, with the managers, and how our product can really benefit and how they can benefit and how their patients can benefit from it. So that was really a lot of my role, is that clinical support role. I would come in. I would do presentations. I presented to my WOCN Society meetings. I would present to a lot of the surgeons and doctors when it comes to the surgical dressing and disposable negative pressure. So my role is that clinical support role, but, I mean, I covered Michigan and Ohio, so I covered... That was four or five different reps at a time. So you really have to learn and delegate your time, too, figuring out if multiple reps needed me where I needed to go and which account was maybe more important for the sale and where I can go from there. I don't know if you have any questions or not.

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

Yeah, I do. This is so interesting to me, Kevin, and I think that you're right. You brought such a unique insight, having that background of actually been certified in that and actually having done all of that patient care and bringing all that expertise compared to a sales background. I'm curious, when you describe how you learned each of the products and how you did that, I imagine there was an onboarding process to become their clinical expert, and what did that look like for you, the training?

Kevin Bonikowski, BSN, RN:

So, yeah, so they definitely... When you get into industry, they do have a fairly intense onboarding process. I mean, obviously, every company's a little different. We've changed it up with COVID being that we went to more of a virtual world as well. Because when I was onboarded, I went out to New York area, and we had our hands-on training, going through the product, what they're made up of, the components of it. So our latest dressing is AQUACELL Ag Advantage, which has what we call as our MORE THAN SILVER technology. So it's a matter of understanding that technology, what separates it from your competitors, why our product is the best. When you look at AQUACELL, it is the best. So it is a very intense program, but...

So I'm in training with a lot of new reps as well that do not have any medical experience. So that's one thing. Going through PAYSETTER, I already knew about the products. I knew how they worked. I knew when to use them. I essentially knew a lot of the background to it, and that's just because I did my due diligence as a WOCN in understanding how the products work, when to use them. I talked to all of the reps, so I knew all of the products that are out there. Really, I already knew how they differentiated from each other. So they do a process that goes through the education and looks at competitor products, how we can try to sell against it, and, really, it's just a matter of how a patient can utilize our product.

It's not necessarily selling against it. We all have great products. I mean, every company does have a great product, but every product is different. So that's one thing... What I looked at in home health is I need to have all of my products because if this one doesn't work, I know I have plan A. When I would go into a home, I already had plan D in my head, okay? If plan A doesn't work, I'm going to B. If B doesn't work, we're going to C. So I already knew different products that I would look at utilizing and trying to make sure that it worked, and so they're all good products, but they all separate themselves apart. So, yes, there is quite an intense onboarding process that really helps to get these reps better understanding the product.

Yeah. So, I mean, when you look at the onboarding, it is multiple weeks, especially now. In the virtual world, we've started round table talks, even prior to what we call as our PACESETTER training. So, that way, these new reps, especially the ones that don't have any medical experience, really can get an understanding before they go into the full-blown training of it. Then, I mean, really, from there, once you get that training, you're communicating with your regional manager, you're communicating with your area sales directors, you're communicating with the reps. I mean, the nice thing that... My wound care reps in my area have been with the company for over 20 years, so they had a great knowledge on industry and in industry.

Actually, my Metro Detroit rep, when I came into ConvaTech, she was a nurse, too, so she understood the nursing side and the sales side, which was nice, because she just helped move me along a little bit with it so I could learn the industry side because, obviously, I knew the products and I knew what I was talking about, but it is a different world than how you're thinking when it comes into it. But the main thing is, coming into this role, just like at McLaren and just like at Beaumont, I loved educating, I loved taking new people and educating. Anytime we had a new rep that came in, I loved being able to educate them and talk to them about the products and how they can utilize it, how they can use it, how their patients can use it.

So, really, the presenting. I would do a lot of presentations either in person or on Zoom or on Teams. In industry, as a clinical specialist, you can't be afraid to talk and talk in public. Again, my first in-person presentation, I just wanted to go curl up in the corner because I thought it went terribly, but everyone completely enjoyed it and got a lot out of the presentation. So there's a lot that goes into it, and I would prepare for days before the presentations, too, to make sure that... Again, I wanted to sure that I knew my role and my products and what we were doing.

The one thing in the industry, though, is it always changes. I think right now in the medical field everything's changing right now, too, and how to handle everything. You're hearing more about the travel nurses helping out in the hospitals and how units and areas are being worked and everything and same thing in industry. It's always changing. So, this last year, I actually took on five states then, so I covered Michigan, Ohio, Kentucky, Illinois, and Indiana. So I took on a much larger role. I took on new reps that I was working with. Again, just like on the nursing floor, though, these reps that I work with were like family. I mean, I would travel out. I would hang out with them. We would go out to dinner. I would learn how they worked, what they wanted to do.

But my thing before we ever went into account was what is our goal? What are we looking at before we go into this account? Because that's my one focus, is I want to know what we're actually... When we step out, did we accomplish what we really wanted to do? Figure out if there's any complications. Do they need additional education? Is it, "Hey, they could have a use for our SUPERABSORBER ConvaMax dressing? What areas are they maybe not have a product in, a category in that we can really help out with them and their patients? Because, really, the end of the story, even in industry, I may not be as hands-on with my patients, but, in reality, I'm getting to way more patients here than I ever would in home care seeing one person at a time. I can educate these nurses on how to utilize a product correctly and make sure that their patients get the best and get the healing that they need to.

So that's one thing that I did look at it. A lot of times, I would look back and say, "I do miss my home care. I miss that hands-on." But then I would go into a wound care center, and I would go into the room with the nurse and help educate her on how to use our products on this patient and what it can do and what to look for. So I wasn't necessarily getting as hands-on, but I was still using my schooling and my education and my experiences moving forward, helping out those patients that those nurses might not have knew how to use a product or what it can do for them.

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

I think it's so important that you say that, Kevin, because your reach really is really significant. As you empower all of these nurses to utilize this product, it really is a much bigger reach than you could have had at each individual bedside. I really appreciate that perspective.

Kevin Bonikowski, BSN, RN:

Yeah.

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

I'm imagining that your week is probably... I would imagine day to day is highly variable for you. When I think about you educating, partnering with your reps in five different states, and thinking of all of the nurses that could receive education or all of the other people who may receive your education, I imagine your weeks are pretty variable. Is that accurate?

Kevin Bonikowski, BSN, RN:

It is. One thing in that clinical role, I mean, I was talking to my reps daily, telling me where they're going, "Hey, we just saw this product in a wound care center. How does it compare to AQUACELL Advantage?" I would be talking to them every day. I wouldn't be presenting every day, right? We're not necessarily presenting. Then, too, trying to figure out Teams and Zoom calls with some of these wound clinics if we couldn't get in, that can be a little bit tricky just because we're all trying to figure out this new era of communicating with each other. I mean, there's a lot of times that I was just at home, just working on marketing projects. We would have products that aren't out yet or working on conferences.

So, I mean, I worked our conferences, which was one of the benefits. SAWC was in Vegas, so I went out to Vegas and worked that conference, brought my dad along with me on that trip, too. So he enjoyed it. We did a lot of... Like WoundCon. WoundCon's one of the best. I really think it's one of the best wound care conferences, and being that it's free, which is always a bonus, especially for clinicians. It is a free conference. It's a one-day. They have a lot of their presentations are recorded for up to two weeks after. So, again, if you're not able to make that day, you can go back and listen. But I would work our booths in there, so when a lot of nurses would come into the booth and ask questions, we'd be working those virtual booths. We just did a lot of... Wild on Wounds had some conferences in Chicago. So I was out at those conferences.

I love being at the conferences because that's when you can really get that one-on-one or that in-person communication with a lot of these wound nurses and PAs and MPs and even docs that would go to where you can educate them. Because, again, we might see a lot of the products and once I actually... Honestly, once I came to ConvaTech, I learned so much on wound care. Again, you're just learning more and more, looking back and just thinking about how much I didn't know in home health, like, "Man, if I only knew this and could have done this more for my patients," right? Everything knew that we've learned or that I've learned here, anytime I can get in front of new customers and new nurses and really educate them, I really enjoyed it. A lot of my reps always, they always saw that. They're like, "Man, did you ever think of being a rep? Why are you a clinical person? Why aren't you out here helping us sell the products?" That's kind of where I got to today.

So, now, I'm a senior executive sales on our surgical side. So our previous rep, she left. One reason I did like taking this role, I loved my clinical role and I felt just terrible leaving my reps behind because, again, they were like family, even though they still call me every day because they're still asking me questions. But, now, I only cover the state of Michigan. So I went from five states down to one state. I have my two girls, so being able to not have to travel as much really played a big role into me looking at really going more onto that sales side. I completely enjoyed my clinical side. So, again, when you look in industry, you have to look at the roles, too, because some sales have larger territories. They might cover one or two states.

For me, in the surgical side, I'm covering the state of Michigan. But when I was on the clinical, I covered five states. So I had a lot of overnight stays. There was days where I would travel from Tuesday to Thursday or Friday to Sunday if there was a conference and I would be out of town a lot. With my girls being in elementary school, I wouldn't say it necessarily took a toll on me, being that we have FaceTime and we have video calls, so I was still able to see them and talk with them. But it was important for me to try to be home. Really, I think my long-term goal was getting more into sales because it really opens up even more doors for me in the future. Again, I'm always looking at how can I better my career? What can I look at? Having that sales experience really, really can help move my career along that way as well.

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

Well, and I think this is a recurrent theme that we keep hearing, is that whatever phase you are in in life, right... You were the father of young children. You had a family of your own, it seems like whatever phase it is, people have found a way to carry nursing through that phase with them. I appreciate hearing this story because it helps reinforce to us that we don't have to close any doors based on the fact that our life continues to evolve, right, because nursing can continue to evolve with us, and I appreciate you highlighting that. I think-

Kevin Bonikowski, BSN, RN:

And one thing, too, being in sales and being in nursing and having my wound ostomy, I always have a fallback, and that's one thing. This is kind of an adventure that I've never been on either, and, truthfully, I really didn't know a whole lot of people that went into medical sales. If for some reason it doesn't ever work out for me, which right now everything is going really well, I can always go back and get a job in home health and having that wound ostomy. Like I say, that wound ostomy really was a game changer because it opened up so many doors in having that stability and, really, even without that. I mean, that's a nice thing about nursing. You can go into PEDS, you can go OB, you can go ortho, you can go management. You can do whatever you want with it. You don't have to be on the floors in a hospital. I mean, there's so many different opportunities that come along with that nursing degree.

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

I agree. And if that didn't deliver the message of this podcast, I don't know what does, Kevin. Thank you.

Kevin Bonikowski, BSN, RN:

Yeah.

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

One question as we wrap up, is there anything that you wish you would have known? At this point, is there anything you wish someone would've told you when you were pursuing a career in nursing or when you were maybe starting out in your first job?

Kevin Bonikowski, BSN, RN:

I think I wish I would've looked into it sooner. I mean, I did take some time when it... Between high school and college, I took time off to play hockey, which completely grateful for, that I was given the opportunity, had some great experiences with that. I just wish I maybe would've started my career a little bit sooner. So, that way, just moving along further... I don't know. I mean, I'm pretty happy with where I'm at. I mean, like I say, I'm able to provide for my family. The wound ostomy continent opened up a lot of doors income-wise. Getting into medical sales, again, opens up a lot of doors income-wise.

I didn't mind school. I don't mind taking your A, B, C, D multiple choice tests. I hated writing papers. So for the thought of going back, everyone would be like... My wound ostomy nurse over at one of my local hospitals, I was part of her five-year plan. I was supposed to go back, get my NP, take over her ostomy clinic, and then she could retire. Just, I hate writing papers, and so, again, this is just a route of furthering my nursing career and moving up. Whether income's your goal or being in an area that you're happy with nursing-wise, it really opens up tons of doors when it comes to that. So, I mean, honestly, I don't know if I'd really go back and change a whole lot because everything I've done has got me to where I am right now. Starting in a tough unit really helped open my eyes with that. I got that telemetry unit experience, and then getting into home care, really, the passion for the patients. I felt home care really helped out with my nursing skills, too, going from there and then just meeting everyone I did. Going to the wound ostomy program in Cleveland Clinic opened up just new paths and new doors.

I think that's just the one thing, is, I think, people that have it set or they might be even afraid to change. So someone that you and I actually went to high school with, Scott DeAngelo, throw his name out there, he was in marketing, I was in home care, and he... I was like, "Man, I love home care. I could start at 9:00. I see one patient a day. I get to know these people." I loved it. He was looking at where he's at in his career, and he's like, "You know what? I'm going to go back to school." His mom was a nurse. He hears all the stories about me. He went into the second degree nursing program, he got his nursing degree, he was working downtown. I would talk to him, and there'd be days where he'd be miserable. I'm like, "Dude, get into home care. Come work with me at Beaumont." Got him in at Beaumont, and he's loved it ever since, as well, too.

So, again, you can be anything and do anything when it comes to the degrees, and having the second degree option has been fantastic. Just the options of where we can go really opens the doors for anything. So I think, too, a lot of people, if you feel like you're not necessarily happy with where you're at or if you feel like you can do more, you just have to take the leap and make a change, right? That's the nice thing, is we have the ability to do that in nursing.

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

I agree. Kevin, I am so grateful to you for sharing this journey with us and sharing... I think it's really inspiring that you have so bravely tried the next thing and the next thing and kept those doors open and talked about your perspective as you have navigated your trajectory so far. I'm excited to see what the next several years of your career might look like. But I'm really grateful for you sharing this experience on this podcast and, I think, helping inspire us to find what really makes us tick, as they say, or what really fuels us within this profession.

Kevin Bonikowski, BSN, RN:

Absolutely. And that's the thing, if you feel like that flame is out, you got to relight that flame somewhere, right? That's the thing, is find it.

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

Right. And the beauty of no nursing is we don't have to leave our profession to find it. There are so many opportunities right around the corner for us.

Kevin Bonikowski, BSN, RN:

Yeah. And I will tell you, if your local rep comes and talks to you, be nice to them, okay?

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

So all the listeners now will know to be extra nice, but-

Kevin Bonikowski, BSN, RN:

Yes.

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

... they have so much insight to offer. I mean, it really is a valuable partnership, right? If-

Kevin Bonikowski, BSN, RN:

Absolutely.

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

... you're the bedside nurse or the OR nurse and you can build that partnership and seek out their expertise and grow your own, it's worth it, right?

Kevin Bonikowski, BSN, RN:

Yes. The education, any needs that you have, talk to your local reps because if they don't have one, they'll help develop one, make one. They might already have some in place, and they can always talk to other facilities and hospitals to see what they're doing at those facilities, too. Your reps have a wealth of knowledge and information for you as well.

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

Awesome. Well, Kevin, thank you so much for sharing your time and your expertise with us today. I think that this is a really exciting area of nursing that I think, as we've both said, we don't always think about first but definitely opens a lot of doors and brings a lot of diversity into our profession. So thank you for sharing this journey with us and for spending your time with us today.

Kevin Bonikowski, BSN, RN:

Absolutely. Thank you for having me. And like I said, hopefully in a couple years, I'll come back and give you an update where I'm at there.

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

Thank you very much.

Kevin Bonikowski, BSN, RN:

Thank you.

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

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.