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.

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

Hello, and thank you for joining us for another episode of Nightintales. I'm glad you're back, and glad that you're here listening to us today. I'm excited to introduce you to our guest today, we have Madelyn Torakis with us. Madelyn is the Director of Nursing Practice and the Magnet Recognition Program at Henry Ford Hospital. Madelyn, thank you so much for coming today.

Madelyn Torakis, MSN, RN:

I'm so glad to be here to talk with all of you. It's exciting. Nursing is a great profession, as you're finding out, and will continue to find out as you go along in your career.

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

Well, I'm so glad to have you in here about your journey, and I think, also, for you to shed a little bit of light on Magnet and all of this work that's... this really important work that's being done in our health systems today. But if you don't mind, Madelyn, let's start by just you telling me a little bit about your background. Where'd you go to school? What was your first job out of nursing school? And where did this all start?

Madelyn Torakis, MSN, RN:

Back in high school, I really loved the sciences. At the time, I had a... he was my biology teacher, and then he also taught physiology. He kept talking about, at that time... this is now, let's talk about 1978, '79, so it's been a few years ago. It was just at the beginning of a PA role coming out, and people were just starting to talk about a physician assistant. I remember, his name was J.D Edwards, he kept saying, oh, you should become a physician's assistant, and I had no idea what he was talking about, quit honestly.

Madelyn Torakis, MSN, RN:

But I knew that I really enjoyed the medical aspect, I loved being with people, I loved caring for people, all those attributes you usually have in somebody that wants to do something in healthcare. The whole PA thing was still really foreign on the spectrum of roles in healthcare. So I wasn't particularly interested in that, but then I decided I wanted to go to University of Michigan.

Madelyn Torakis, MSN, RN:

So, when I started there, I was one of those undecided students, but I had some friends on my hall, in my dorm, that were in the nursing program. As I talked with them, I'm like, you know what, that sounds a little bit more of what I'm looking for. Not really knowing much more than that, just basically what they were telling me about the program. So I decided that I wanted to find out more about it.

Madelyn Torakis, MSN, RN:

So I finally thought, okay, I'm going to try to transfer into the School of Nursing. It was not easy to do. The program is only 100 people, trying to transfer into the program was really tough. They only, usually, would take maybe one, two at the most, transfer students. So, even from within the university. So, finally, I was able to transfer in, but it actually took me three years before there was a spot open. They either felt really sorry for me, and they finally let me in, or I actually got it on my own merit, I'm not sure.

Madelyn Torakis, MSN, RN:

But, at the same time, I had already done three years of undergraduate work unrelated to nursing. They gave me permission to take a few nursing courses, like pathophysiology, and a couple of other things without being in the School of Nursing. But I wanted to capitalize on the fact that I've already put in a lot of time into other classes, and specifically psychology classes. So, I had to petition the university... Back then you didn't do a major and a minor, that just wasn't a thing. So I had to petition the university, because two different schools. It was the School of Nursing and the School of Literature, Science and Arts.

Madelyn Torakis, MSN, RN:

So I was able to... When I finally did graduate... I started in 1980, I graduated in '87, because I basically had to start all over again. I had a BA in psych from the College of Literature, Science and Arts, and then my BSN in nursing. My parents were very happy that I was finally done, and they were very, very supportive, though, and very generous with us as their kids to support us through our undergraduate schooling.

Madelyn Torakis, MSN, RN:

I told my dad, look, I got two degrees in seven years, I saved a whole year of tuition. He wasn't buying it, but they still supported anyway. Honestly, it was the best thing that happened to me. Because to this day, I think I use the psych classes and the psych information even more, sometimes, than I do my nursing skills, but it all is together. At that time, also, U of M was saying, oh, when you go back to school, when you go back for your masters... I said, are you crazy? I've done seven years of undergrad. I am not going to go back to school, ever. That's it. I'm totally done.

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

Yay.

Madelyn Torakis, MSN, RN:

So, when I graduated, I really... Even before that, I was interviewing a couple of different places, and I really thought I was going to stay in Ann Arbor. I loved Ann Arbor, I was going to work at Mott in there. I interviewed for a job in there, stepped on unit, blah, blah, blah. My parents said, "No. You know what, you've been away for seven years. You can move back home, and how about you get a job at Children's Hospital of Michigan?" I'm like, "What? That's not what I had planned at all."

Madelyn Torakis, MSN, RN:

So I interviewed with... it was at that time a school-age medical unit. They also had four beds that were for kids that were to go home on vents. So they were in the homebound vent program. So anyway, I interviewed for that job and ended up taking it. It was really a great spot to start. Absolutely fell in love with it, fell in love with the hospital. You hate to tell your parents that they're right, but they were right, it was a good move.

Madelyn Torakis, MSN, RN:

So just really fell in love with that patient population, because it was all different types of diagnoses, as well as those vent patients. I became a primary nurse for one of those kiddos that was going to go home on a vent. I remember him forever in a day. I don't know what happened to him now, but it was a challenge. It was one of those situations where there was... electricity had to be put back out in the house, there was a lot of teaching that was required.

Madelyn Torakis, MSN, RN:

It was a great learning experience for me, too, because I really hadn't been exposed to... Quite honestly, I hadn't been exposed to a lot of situations that required so many community resources for these kids. So it was great learning for me, too. So it was my first job out. Eventually, that unit started to shift, we started to see more hematology oncology patients. Eventually, those homebound vents... There was some restructuring that took place in the hospital, and those homebound vent patients went to a pulmonary unit that was created.

Madelyn Torakis, MSN, RN:

The unit I was on then started to shift to more of a hemac unit. So we started seeing more kids with sickle cell, we started seeing more kids with different type types of cancers, and I grew to then love that population just as much, and even more. So I was in that setting for a couple of years, and said, you know what, there's really something more about nursing that I want to learn and want to do. I think I'm going to go back to school. I thought it was probably out of my mind after just saying, two years ago, that I was never going to go back to school.

Madelyn Torakis, MSN, RN:

But, I knew there was something... I felt like there was something more about nursing that I wanted to learn or wanted to do. I wasn't sure exactly what that was, but I just knew that there was more there for me. So, I found myself back at the University of Michigan, in their graduate program. At the time, it was a program, where it was... It's actually an MS, because it's through the Rackham Graduate School. But the focus was in parent child nursing. It was a dual program, it was... You could either do a track that took you into the pediatric nurse practitioner side, or into the pediatric clinical nurse specialist side.

Madelyn Torakis, MSN, RN:

The program no longer exists. But I decided to work part-time. So I dropped down to 20 hours a week and went to school full-time and lived at home. So I live on the east side, so I was flipping back and forth between Detroit and Ann Arbor, and back again. But it was a great... it was really a great program. I chose to stay in that CNS role because I really liked that it was unit-based, and was very much hands-on, and had different components in it between administration, research, leadership, clinical, and so forth.

Madelyn Torakis, MSN, RN:

So the CNS role, I really still love, and there aren't as many programs around, unfortunately, anymore for that role. But, I really liked it a lot. So, at the time, I made a case... There was already a CNS on the unit that I wanted to go back to work on, which was my home unit. So between the two of us, we made a case for why we needed a second CNS. So we really had to... It was really a business case.

Madelyn Torakis, MSN, RN:

Again, another aspect of nursing that I never really investigated is, how do you sell yourself? Because sometimes you have to create a role for yourself, or really help to promote why that role should be there, and why you should be in that role. So, we looked at the number of cases that we were seeing on the unit, and it was pretty heavy. So we were able to justify the proposal for a second CNS on the unit.

Madelyn Torakis, MSN, RN:

Fortunately, they bought that proposal. So I was able to start working back on the unit as a CNS, and so we divided the patient population and the whole bit. It was a phenomenal experience. So I did that from 1991, until about... oh, gosh, probably about 1996, because... What happened at that time is, the whole Detroit Medical Center was going through some reorganization things, and they were trying to develop a whole case manager or care management focus, and they pulled some people to serve on a task force to investigate how to best map that whole process out.

Madelyn Torakis, MSN, RN:

So I got tagged to be part of that, which was supposed to be about a 12-week program. We were going to investigate this and put recommendations in place. This was across the whole DMC. So it wasn't just children's, it was everywhere. An interesting experience, because it pulled people from a variety of hospitals within the system. It was full-time, just working on that. So 12 months turned into about... I mean, 12 weeks turned into about 16 months.

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

Oh wow.

Madelyn Torakis, MSN, RN:

So it was way more than I ever anticipated. I ended up doing some work that was after that, that was still with the DMC, but it was in their health clinics. But it wasn't clinical, it was more monitoring of other clinics, and whether they were doing immunizations properly. It was a very strange role. I'm not describing it very well, because I tried to... Sometimes you just want to take out something that just didn't really work well. That was one of those positions that I was not really happy with ,because like I said, it was 12 weeks, ended up being 18 months. 16 to 18 months. I got back in touch with the chief nursing officer at the time, and I said, "I want you to realize I've been off of my unit this whole time." She said, "I had no idea you were gone for that long."

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

Oh, wow.

Madelyn Torakis, MSN, RN:

So I was like, "Yeah, I've been gone way too long, which absolutely..." We're done. We were done with that, we're getting you back here to the hospital. So, I said, "Okay, please, because I'm not doing this anymore." Interesting experience, but that's not what I was supposed to be doing.

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

Sure.

Madelyn Torakis, MSN, RN:

So I came back, the problem was at that point, then, they wouldn't let me go back to my base unit, to my hemac unit. I ended up having to go to an infectious disease unit as the CNS, which was fine. It wasn't my first love, but I was so glad to be back at Children's I was so done with this DMC project, that I was just happy to be back. So I said, okay, and that's fine. I will do infectious diseases, I'll learn whatever I need to learn.

Madelyn Torakis, MSN, RN:

On that unit, it was a lot more of care coordination. They'll have these kids who were having issues with follow up care and really requiring so much education, and so forth. So I really spent a lot more time doing a lot of that work, which is great, because that's an integral part of the CNS role. So spent quite a bit of time with that function. I did that until... At some point, I'm trying to remember the date, there was...

Madelyn Torakis, MSN, RN:

First of all, I got married, I had a baby, I worked part-time, all of those things. I worked three days a week instead of five days a week. So my daughter was born in 2001. So at this point, I'm part-time and stayed part time. We had some changes in leadership, a new CNO, the whole bit, and we were starting to just talk about Magnet, and what is Magnet, and what does that mean? What's a Magnet hospital, and what does that mean exactly?

Madelyn Torakis, MSN, RN:

The hospital in Wisconsin, the children's hospital in Wisconsin, was holding a regional Magnet conference. So, the CFO at the time said, "I think we should send... I think a bunch of us should go. Let's find out more about it. What does it mean?" The whole bit. So she asked if I wanted to go, and then there was a handful of others, and she was going to come, as well, in addition to one other nurse administrator.

Madelyn Torakis, MSN, RN:

Right around that time, we were all ready to go to Wisconsin, and there was some upheaval of talk amongst the staff wanting to become unionized. There was a lot of chatter, there was a lot of concern. It never happened, but the CNO and the nurse administrator said, "We have to stay behind. We can't afford to not be here to manage what's going on with all of that." So, the rest of us went to this conference, it was a really well done conference, we really enjoyed a lot knowledge, new knowledge and understanding about what Magnet means, what... as a children's hospital, what does that look like?

Madelyn Torakis, MSN, RN:

So the CNO and an administrator said to me, "We're putting you in charge when you go to this." I'm like, "Okay, I guess. That's fine. Sure. Whatever. I got it, no problem." So when we came back, and we did some debriefing, they said, "You know what, I think this is something that we should do. I think we need to look towards Magnet. I think that you, Madelyn, should probably take the lead." Okay.

Madelyn Torakis, MSN, RN:

So, again, you never know where these opportunities fall into your lap, whether you anticipate them or not. I had to be willing. I could have easily said, no, I don't think so. But it sounded intriguing to me. So you have to take those chances sometimes, and say, you know what, it's okay. I'm going to try something different. Okay, well, I'll learn together. So, we decided to move forward with really looking at how we align with Magnet, and what the criteria required of us.

Madelyn Torakis, MSN, RN:

So we spent some time doing our own internal gap analysis. We had to understand, okay, where are our strengths as a hospital system? Where are our strengths as a nursing department? Where can we grow? And so forth. So we spent a little bit of time navigating through that and really looking at, how do we align with all of this? So we ended up.. So now, at this point, we're talking 2005-ish. So I think the conference was in... I don't know if it was December, but [inaudible 00:19:30]. So it was in December 2005.

Madelyn Torakis, MSN, RN:

So we're still in 2005, saying, I think we're going to move forward with this. So, in 2006, in July of 2006, we said okay, we're taking the plunge. We feel we are ready as a hospital to move forward with Magnet. We put our application in to the Magnet office, and they said, congratulations, you have one year in which to submit your documents for designation, potential designation. So we just started writing.

Madelyn Torakis, MSN, RN:

At that time, the Magnet requirements were much different than they are now. We had about 164 items that we needed to write to. It was super challenging, because the CNO I was working with was doing her CNO job during the day, and then she would stay later, and we would start writing, and it was crazy. It was really only a handful of us that were writing [inaudible 00:20:35]. It was a little crazy.

Madelyn Torakis, MSN, RN:

And then we decided... No, my CNO decided, let me rephrase that, that it would be really unique if we submitted our documents electronically. Now, you have to remember that back at that time, this was not a thing, at all, for Magnet. You sent your documents in on paper. If you stacked your documents on top of each other, they could not be any higher than 15 inches high. So people were sending reams of paper [crosstalk 00:21:12] to the appraiser team, to a point where they had to actually then, say you can't be more than 15 inches high, because we won't take it if it's that... because they were sending just everything.

Madelyn Torakis, MSN, RN:

But my CNO said, "I think we should do this electronically." We were like, "Okay, we have no... Who else has done this electronically?" Well, the Pete's Hospital in Chicago actually had done this electronically before us, a few months before us. So we tapped into them, we used the same builder, web builder, that they used, and it was quite the experience, because it... She was a probably a little bit over her head, and we ended up having to scrape off the ceiling so many different times during this process of building our website, with our documents in it.

Madelyn Torakis, MSN, RN:

So we now we had to submit documents in July of 2017. Not 2017, I apologize, 2007. So 2006, we submitted our intent, 2007 we needed to submit our [inaudible 00:22:21]. So we were up all night, several nights, it was crazy. My daughter didn't see me much, and my husband was like, okay, we're going to be boys again. It was just crazy. But I had to what I had to do. We had to get this in. So we finally did, and received the site visit and the designation that we had hoped for, and it was a big celebration, of course.

Madelyn Torakis, MSN, RN:

We knew that the designation was only good for four years, so we were looking towards re-designation. Between 2007 and moving forward, a couple years after that, the CNO was let go. It was devastating to me, because I knew that I didn't have my person with me, and what were we going to do? So we had a new CNO that came on board, and at that two-year mark, we had to decide what we wanted to do. We had to submit to the Magnet office an interim report as to how we... where we stood, as far as some of our patient satisfaction scores, our nursing sensitive indicators, things like that.

Madelyn Torakis, MSN, RN:

Made a decision that based on what we were seeing... We had a new CNO, and then just at that time, there was talks about the whole DMC being purchased by a for-profit entity. We took it to the nursing staff, we took it to the professional nurse council and said, here's our situation. What do you want to do regarding Magnet? And they said, "We don't think we're ready to move forward." So, at that four-year mark, we said we're not going to move forward with Magnet, we're not going to go towards that re-designation. It was a crushing blow to me, because that was my baby.

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

Right. Very difficult decision. I was just thinking that.

Madelyn Torakis, MSN, RN:

Yeah, it really was, but we... It wasn't up to me, it was really up to the nursing staff to decide that. So, I said, "Okay, that's fine." I decided that it was time for me to be looking to doing something else within Children's. I recognized that we were not doing as great of a job out in the community as we could be. We're the premier pediatric hospital in the city, we're the only pediatric hospital in the city of Detroit, we need to be reaching out to that community better, and providing more health services, but also healthy living and Education for kids, getting into the schools.

Madelyn Torakis, MSN, RN:

I knew that the school nurse to student ratio in the State of Michigan was horrific. So they weren't going to have a school nurse in their school. So trying to build, again, another business case for why it would be important to do some of this work out in the community. I had the full support from the president of the hospital at the time to do that, and to move forward into the community. Until the for-profit entity that bought Children's and the whole rest of the DMC decided that I was no longer of value to them, because I was not providing direct patient care, and I was not generating revenue.

Madelyn Torakis, MSN, RN:

So, in February of 2013, I found myself gainfully unemployed. Never thought, after 26 years, that I would ever leave Children's Hospital, but I did. Not by choice, but because I didn't... because that was what was told to me, that you are going to be leaving. Fortunately, I was not walked out the day of, like some people were, during that time. They had a moment to gather their personal items and then escorted out out of the building. Fortunately, I was given a week to go through my files, to purge things, throw things away, pass things off to whoever needed it for the next phase of what was going on in the work I was involved with. So left in 2013. It was another growth experience. Because you never think, as a nurse, that you would be unemployed, because you think, well, I can get a job anywhere.

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

Right.

Madelyn Torakis, MSN, RN:

So what happened with me is, I had been away a little bit now from the clinical setting, and it was feeling a little uncomfortable for me to go back into the clinical setting. I knew that they weren't hiring any CNS's at Children's, so I felt like I needed to look for something that more aligned with my Magnet work. Without leaving the state, either. I really pigeon-holed myself. Sometimes that's a bad thing to do, but that's where I was. I really had this niche of Magnet work that I knew and loved at that point very well, but it also didn't make me very marketable.

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

Right.

Madelyn Torakis, MSN, RN:

So, fortunately, I have a relative who's a physician leader at Henry Ford Hospital, who, immediately... honestly, probably about a half an hour later, got me in touch with the CNO here and said, "I want you two to connect." My lay off was at the beginning of February. Probably about a week later, I was at the hospital doing an informal interview with the CNO and with a number of other people. It was probably a whole day's worth, and it wasn't even... I wasn't even applying for a position, there was no position posted, or anything.

Madelyn Torakis, MSN, RN:

But, I got to meet people here, and they got to know who I was and my background. It's a really good reason to keep your CV or resume up-to-date at all times, because you never know when it's a last minute, you got to pull it and use it somewhere. So, any case, the hospital at the time was in the middle of a potential merger with Beaumont Health System. Things were a little unsettled, I was a little unclear as to how that was going to look, if it was going to happen at all. So there was no posting of any positions. So, I came and spoke to the folks here in February of 2013, and there... eventually, the position was posted in the end of July of 2013.

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

Oh, wow.

Madelyn Torakis, MSN, RN:

So I did tap into my nursing skills, however. During that time, my daughter was in middle school, and I said, let me work on the clinic at their middle school. It's a volunteer health clinic. So I totally reorganized it, totally wrote new protocols for it, got a team of parent volunteers, and loved that. I thought, this is really fun. I'm using my nursing, it's all volunteer work while I'm still looking for a job. So I made the best of it during that time.

Madelyn Torakis, MSN, RN:

When they finally posted the position here, I had also applied for a position on a totally different aspect of nursing, but it was the director of nursing for a sunrise-assisted living facility close to my house, which was actually not quite within walking distance, but almost, like I could ride my bike there. It was that close. I applied for that position based on the recommendation from a family friend who has who, at that time, had an aunt and still has her mother in the facility, and knew the director of the whole facility well, but they were looking for a director of nursing.

Madelyn Torakis, MSN, RN:

We, meanwhile, had my mother-in-law living with us, so I had lots of experience with elder care, as well, from that point. So applied for that position, interviewed for position. Quite honestly, it was almost hard... I ended up turning that position down, obviously, but it was hard to do that, because that would have been a really interesting perspective, doing something totally out of my background and comfort zone, in the scheme of things. But, we know that as we age, sometimes we revert back to childhood and child-like behaviors. So working with a lot of seniors would have been like working with kids, so it would have been okay.

Madelyn Torakis, MSN, RN:

But as it turned out, I applied for the position for Magnet director here at Henry Ford Hospital, had the official interview... went through that official interview process, and was offered the position, and started in September of 2013. So, it was a lot of learning the system, learning the hospital, totally different for me. Children's Hospital, 224 beds, or whatever it is now, I don't know, and Henry Ford Hospital, 877 beds. It's just totally different, it's adults versus kids, and the whole bit. So it took a while.

Madelyn Torakis, MSN, RN:

At that moment that I started, the whole hospital was moving to their electronic medical record, go live. So I barely even saw the CNO, because she was leading that effort. So I had to learn a lot on my own. So you learn quickly, okay, I either sit here in an office and do nothing, or I get out there and try to talk to people and get to know who's who, and who's doing what, and what are the different departments, and I started going to the shared governance meetings and... wherever I could get myself information and be seen and learn more.

Madelyn Torakis, MSN, RN:

And then after that, when things finally settled down, the last... really, the last five years was very much hardcore, building our Magnet program and our readiness for that. We were able to build a team, we included a couple of other members on that team, we pulled in a data analyst, we pulled in a CNS, we pulled in another member who had some leadership or management experience. So, we built a really nice team, and we aligned ourselves with what needed to be reflective in a Magnet hospital.

Madelyn Torakis, MSN, RN:

Even from the very beginning, when I first started here, I knew that this was a culture that would support Magnet. Everyone's reflective of Magnet. So I knew that it was just going to be a matter of fine tuning some things. Sometimes you have to either rebuild a program, or just fine tune it, or sometimes you just have to just start from scratch, because there's nothing in existence at that moment in time. So we did a little bit of all of that.

Madelyn Torakis, MSN, RN:

I love the role that I'm in, because it's so autonomous. I pretty much make a number of the decisions on my own. Not that I don't include others, but I don't have to include them if it needs to be made and we need to move forward with something. I don't have to run every single decision by the chief nursing officer. However, I've got a great relationship with her, and I know that if there's something I do need her input on, she'll have it for me, and we'll collaborate on it, and we'll make some decisions about what's best.

Madelyn Torakis, MSN, RN:

That's what made our teamwork really successful, because I love the details. She's the bigger picture, she doesn't have time for the details. Every CNO will tell you the same thing. This is why they align themselves with people that love the details, because they don't have time for it. Not that they don't want to do the detail work, but that's not... that just doesn't fit into their day.

Madelyn Torakis, MSN, RN:

So, I work on the detail parts of things, and at every last... So she'll laugh at me, she's like, "Okay. Well, let's have Madelyn look at it. Because if it doesn't meet every criteria that she thinks it should be having in there, then it's not good enough." It's a compliment, so I take it. I joke around about it, too, because I know sometimes I might get a little bit obsessed over it. But it paid off for us, because we were able to submit our Magnet documents on February 1st of 2019, we received a site visit in January of 2020, thankfully, before the pandemic hit-

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

Oh shit.

Madelyn Torakis, MSN, RN:

... and then we received a phone call from the Magnet office on March the 20th, that we were designated. Now, at that point, we were in the middle of the pandemic, and it was really quite frightening around here, but we still got designated, and we've been celebrating a little bit at a time ever since, because you couldn't really do a big party then, things have to change quite a bit. So got designated in the middle of pandemic, how many hospitals can say that? We were thrilled that all the hard work paid off.

Madelyn Torakis, MSN, RN:

But my work with Magnet is not just write the documents and submit them. I really have a hand in so many other aspects that support nursing excellence, and that's why my title is director of nursing excellence, because I support... I'm the site coordinator for our nursing satisfaction survey through NDNQI. I'm the go-to for the DAISY Award For Extraordinary Nurses. We created our own compliment program for our nursing assistant personnel called the Honeybee Award, I run that program. I'm heavily involved in shared governance, redesign and structuring, I'm involved in creating the nursing annual report, in the middle of that right now.

Madelyn Torakis, MSN, RN:

So there's so many aspects to what I do that all feed into building and maintaining that culture of nursing excellence, which then, in turn, supports Magnet. I always say all roads lead to Magnet, because they basically do. But Magnet is such a great accomplishment and recognition for the work that's being done here all the time. And-

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

Who declares you a Magnet hospital, Madelyn? Just for our listeners, and what that means.

Madelyn Torakis, MSN, RN:

[inaudible 00:37:30].

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

If you are a newer nurse, or a nursing student, and you apply to a hospital that indicates they have Magnet status, what what does that mean to us?

Madelyn Torakis, MSN, RN:

So, the Magnet recognition is granted to a hospital by the American Nurses Credentialing Center. They're an arm of the American Nurses Association. They also are heavily involved in certifications, as well, nursing professional certifications. But their one piece, their big piece, which is the Magnet Recognition Program really started back in 1994, and it's... There are now over 500 hospitals that can claim themselves as a Magnet institution.

Madelyn Torakis, MSN, RN:

The whole program, really, is built on a few important tenants. One is about transformational leadership, and how do your nurses' function... transforming care at the bedside. That's a really important aspect. As a new nurse coming in, you're looking for a Magnet hospital, because it's saying to you that you are given the autonomy at the bedside, you also are able to [inaudible 00:38:46] in a wonderfully collaborative environment, where your input as a nurse is vitally important to the care that you provide to patients, and you're working in collaboration with a physician team, with a dietary team, with physical therapy, occupational therapy, and so forth. So it's very interprofessional.

Madelyn Torakis, MSN, RN:

So that's a big piece of what Magnet supports and expects to see, is that there's that transformational leadership, not just of your... those that are in a leadership tunnel, but the nurse at the bedside, the clinical nurse. It also is looking at things like exemplary professional practice. They're expecting that at a Magnet hospital, you're going to be able to shine as a nurse, because you will be involved in creating nurse-driven protocols, for example, and you will be involved in things like...

Madelyn Torakis, MSN, RN:

A huge program that has happened here in intensive care units is like an early ambulation protocol, and what does that look like for the vented patient? So that whole mobility protocol, that was a collaborative effort with physical therapy, and nurses were right there, making those decisions about how that was going to look. So, really just shining at the bedside, like I said. It also looks at really supporting new knowledge through evidence-based practice, and through nursing research.

Madelyn Torakis, MSN, RN:

We have a residency program, a lot of places have residency programs, which is fabulous. You should always be looking for a hospital that has a residency program, because that's going to support you at least for that first year of your employment as a new nurse. After that, we have a mentoring program that helps carry you on longer than that. But part of the residency program is an evidence-based practice project that you identify and that you work on. We've had a number of those projects go on to be implemented.

Madelyn Torakis, MSN, RN:

So it's really exciting, because you're identifying something that you see in your practice area, and feel that, let's see what the evidence shows regarding that, and how can we make a change based on the evidence that's out there? So those are all really important parts of a Magnet hospital, and reason to look for that as you're looking for an employment location. Because they're going to support... A Magnet hospital supports all those things. That's what it's all about.

Madelyn Torakis, MSN, RN:

It's even about giving back to the community, as well, in whatever format that is. But through the department of nursing, really making sure that we also give back to the community that surrounds us, that we need to support, because they feed into our hospital. They become our patients, and we need to be able to support them, as well, in the community. So we work with Gleaners to do a protein drive every year to raise protein sources for the community food pantries.

Madelyn Torakis, MSN, RN:

So, there's lots of opportunities when you're looking for employment, but they're not all the same. If you have the choice, choose a Magnet facility, because it's already met those high standards. So you're going to be walking into a place that has so much to offer from the very beginning. I would highly recommend it, as a result.

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

Sure. No, I appreciate that explanation so much, because I think that's one of those things... We've been hearing about Magnet, as you said, for for quite some time now. But I think that it really helps for you to describe these real-life examples of what each of those factors, when you consider Magnet status, what that means when you're truly the nurse who's looking at that job-

Madelyn Torakis, MSN, RN:

Right.

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

... the implications of that designation. I appreciate that so much. Madelyn, as I was listening to your nursing journey, and how this has all worked out... Congratulations, what a great positive, in 20/20, to have been... to have gotten recognition [crosstalk 00:43:21] and to have something to celebrate, especially... It's the Year of the Nurse, and I think that it's not the year that anyone imagined, as we imagined embracing Florence Nightingale's 200th birthday and modern-day nursing in this big celebration, which in my head, it was going to be where every day, we just talked about Florence and celebrated. It truly has not been that, but I think that we have seen nurses respond to the call and the need of our communities.

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

But I was thinking about the way that you did that throughout your career, as you were voluntold opportunities, whether it was that case management, or moving to the infectious disease unit, or being the lead of the Magnet effort, originally, at Children's Hospital, and then finding yourself, after so many years, having to, again, rethink, what direction am I going in? I'm just curious, in those times, how did you maintain your positivity or your open mindedness in order to sustain you, so that you are here, and you are celebrating what you're celebrating at Henry Ford, and having the experience that you are at this point in your career?

Madelyn Torakis, MSN, RN:

That's a great question, because I've always been a glass half full kind of girl, and I always try to find the positive aspects of all things. I think that there's part of you that can get really... it can be very depressing, thinking, I can't believe that I may have to make this change again. You can go into it saying... kicking and screaming, and saying, I'm not doing it, or I don't want to do it. Or, you can look back and say, okay, there's a reason it's happening this way. I'm not really sure what it is yet, but I need to embrace it. We know that the only constant is change. So to be able to be a little bit resilient, and be willing to step out of the comfort zone a little bit, when it's not comfortable, it's not easy to do. But in order to survive just life in general, you have to be willing to do that, right?

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

Mm-hmm (affirmative).

Madelyn Torakis, MSN, RN:

so in my nursing career, I had to.. First of all, I didn't even start nursing, like most people did. So I was already at a weird trajectory. But, I was so glad I did what I did, and how I did that piece of it with my education. But you have to just say, okay, well, I'm just going to just... We just have to see where things go. Because in my head, I had always envisioned I was going to... Once I got to Children's then, I was going to stay there forever, I was going to retire from there, they were going to put a plaque up on the wall, they were going to name a building after me, I don't know, something. Bury me under the new patient tower, I don't know.

Madelyn Torakis, MSN, RN:

I had two choices when that didn't happen, obviously. One was to shrivel up in a corner and cry, or the second would be, okay, I got to figure out what I'm going to do next. It'll come to me, it will come, you just have to give it some patience, and you have to be ready. So just like I said, have that resume ready at all times. It's fine to have it in your head, but put it on paper and capture every activity that you're doing, even if it's a summer job...

Madelyn Torakis, MSN, RN:

I worked a summer job, way back in 1980 in a nursing home. I worked midnights, turning patients all night. It was so exciting. But put it put on the resume, everything should go on there, that you do. All those pieces of experience are worthwhile, because they will help mold you into where you end up going, even when you don't expect it.

Madelyn Torakis, MSN, RN:

The CNO that I worked with, when were at... When I was at Children's, and we were doing... We started working on our Magnet, she said, "I didn't know that you had these qualities until I tapped you to do them and saw what you could do." So, sometimes somebody pulls those pieces out from you. You might know you have those kinds of... I always liked planning things and organizing things, but she really pulled it out of me. Sometimes it's a really good mentor or leader that can do that for you, too. That really helps identify some of the strengths that you have, that you might not even really realize you have. So she was key to for that in me, to be able to... for me to say, yeah, you know what, I guess I do like doing that, and I guess I'd do okay with it. And you go from there. So, those are my little lessons learned along the way.

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

I think that's such good advice, especially as I think... Before we started recording, during our conversation today, we were reflecting on how some nurses have lost their jobs, despite the response that nursing has offered to a global pandemic, and the way that roles are changing in the setting of COVID, and the way that our hospital systems have had to respond to that. I think that's just such a valid point for all of us, is that you truly never do know, and so it's worth it to have that resume or CV developed and ready to go, and to have that open mind.

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

As you did, also, I think one of the lessons that I've heard in listening to you, Madelyn, was your willingness to go meet with people and talk to people, and talk about your strengths, and how you may be able to apply them within the context of their institution, despite the fact that it maybe wasn't your dream job or something that you imagined yourself doing. I think that's another thing we can't ever underestimate, is the value of the relationships that we build with people along the way, and that making a case for yourself.

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

In nursing, I think you're so right, we think that we have jobs available to us always, that's what we're always told. I think you've really illustrated so well how effectively you can make a case for yourself, and create, perhaps, opportunities that don't even necessarily exist when you're pursuing them.

Madelyn Torakis, MSN, RN:

Right. Yeah, absolutely. You have to really... As we advocate for patients, you also have to be your own advocate, because you just... you don't know when that might be the need. I miss the clinical aspect of nursing, but I find myself tapping into so many other aspects. Even now during this pandemic, I'm heavily involved with a... The church that I belong to, we have a nursery school daycare center, toddler center, that's not a religious-based affiliation at all, but it's for the community. I've been helping them, I think, probably, every day, since about May, when they were looking to reopen. I get a call from the administrator, saying, okay, what do you think we should be doing? We've had this exposure, we've had this. How should we set up screen?

Madelyn Torakis, MSN, RN:

So again, it is a totally different... I'm not an infectious disease expert, by any means, but just using that nursing knowledge, just that nursing process, and saying, okay, how are we going to tackle this? How do we make it safest for these kids that are in... These are one-year-olds to five-year-olds, how are we going to make it safe for them to be in a learning environment, and provide them with good opportunities for growing, but keeping them safe? So I look, okay, how would Florence do this?

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

Right.

Madelyn Torakis, MSN, RN:

Really, that's what you got to look at, how would Florence do it?

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

Right.

Madelyn Torakis, MSN, RN:

So I've spent quite quite a bit of time, during the pandemic, not just with my Magnet work, but with that, as well, because that's... I really feel like I'm trying to help them keep this program open, because there is a need in the community for those that have been able to go back to work, and they've got little ones that aren't in school, and so forth. Anyway. So it's just another interesting perspective. So you have to be willing to be open to have your skills tapped into, regardless of where it comes from. It might not be hands-on clinical, but nursing skills are applicable in a variety of arenas and in a variety of manners. So I'm definitely using nursing process, and-

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

Right.

Madelyn Torakis, MSN, RN:

... trying to channel my inner Florence during all this. So-

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

Sure. Both in in your work and your volunteer work, it sounds like it's been applicable. I think that goes to show... I think it's the combination of nursing being the most trusted profession, as well as having, like you said, that scientific background, that holistic approach, you recognize... When I listen to how holistic that assessment just was, you recognize that people need to go back to work, you recognize that there's a need for childcare, and the need for it to be safe, and I just think...

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

It makes me think of when you were first describing the challenges of restoring electricity in homes for children who need ventilators. It's that big picture that I think you've so beautifully described for us, that nursing brings to the table. I thank you for sharing that with us, because I think, perhaps without even knowing it, throughout your entire career, then you illustrated how beautifully nursing takes the whole person into perspective.

Madelyn Torakis, MSN, RN:

Right. Right. Yeah. Yeah, definitely. That's the beauty of this profession. That you can do other things. It's amazing. If you decide that the bedside is where you want to spend your entire career, that's fantastic. We need really good transformational leaders at that bedside, helping patients, families, and younger nurses to build and to grow and to learn. But don't be afraid to try that in different areas, even, within the hospital you are employed in, if that's where you stay, or into something administrative or leadership, management, whatever.

Madelyn Torakis, MSN, RN:

We really have such an amazing profession, because how many professions do you know, that you can... you have one license, and it allows you to do a thousand different things? It's really amazing. Even though I didn't want to go back to school, going back school. And then I wanted to become a certified nurse, as well. Interestingly, the program that I was at didn't give me enough clinical hours to become a certified pediatric nurse, so I never could get certified in that.

Madelyn Torakis, MSN, RN:

So fast forward to... oh, it must have been about 2018 or so, I decided... I keep promoting professional certifications, I need to be certified. So I recognized that I could be certified as a nurse executive through the ANCC. So I did that. Because I needed to be a role model. That's the that's the other thing. If you're going to take on different positions and different roles, you have to be able to model and role model that.

Madelyn Torakis, MSN, RN:

So I said, I can't keep promoting certification to our nursing staff if I'm not certified myself. So I was able to do that. So now I tell the managers, I'm not even a manager, I don't do [inaudible 00:55:25]. If I can get certified in nurse executive, you guys have no problems, just walk in and take it, damn, you'd pass it. I had to study my brains out, but you guys [inaudible 00:55:35] in a minute. So again, there's always learning, there's always something new to do, there's always a new challenge to be met, and take them all on, it's all worth it.

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

Ah. This is so wonderful to talk to you, I think so inspiring. It's nice to hear, I think, it's refreshing to hear from someone who didn't complete their BSN in four years take this trajectory that they've always dreamt of, and see how still... how much you can accomplish, and as you said, just what an amazing profession this is. So Madelyn, I am so grateful for your time today. Thank you so much for explaining Magnet to us, and also just all the other pearls that you've offered.

Madelyn Torakis, MSN, RN:

Well, it's my pleasure, and I'm so honored that you asked me to share my nursing journey with everyone. Perhaps somebody will be inspired. If anybody ever wants to know about Magnet or dreams of becoming a Magnet program director someday, please call me. Maybe I can pass the baton on to you, if you're really [inaudible 00:56:35].

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

If you're very detail-oriented, and really invested in the identity of nursing, it sounds like that would be at least a couple of first important qualities.

Madelyn Torakis, MSN, RN:

Yeah, exactly. Exactly.

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

Well, Madelyn, thank you so much. I hope that you'll all listen for our next episode, as well.

Madelyn Torakis, MSN, RN:

Thank you, Jessica.

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

Thank you. 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's a uniform approach to achieving similar accomplishment, 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.