

# A Nursing Trifecta

Three new nurse managers share their personal path to pediatric nursing and vision for pediatric intensive care.

By Christina Frank

**Colleen Gordon** doesn't hold back when expressing how thrilled she is to have landed the job of nurse manager of Johns Hopkins Children's Center's newly opened pediatric cardiac intensive care unit (PCICU), calling it the "holy grail" of opportunities. The PCICU opened its doors in October 2020 and is partnering with the pediatric ICU to take care of infants to young adults with congenital heart defects.

"I mean, you never get an opportunity to open a brand-new unit in an institution like Johns Hopkins, like, ever," says Gordon. "We all know about Alfred Blalock and Helen Taussig and Vivien Thomas and the work that they did for blue babies. So not only do I get to put my stamp on it — but I'm also doing the things that I love, which are patient care, designing systems and putting operations in place. So, going to the mecca, the birthplace of pediatric cardiology, and helping to design an entire unit — who says no to that?"

Gordon was a bedside nurse for 12 years, and has always worked with pediatric cardiology patients. It was the perfect match and mix, she says, for her inquisitive mind: "It just clicked with me, it's the thing that I felt made the most sense. There are so many different heart defects and variants of a defect."

In addition to her passion for pediatric cardiology, Gordon, who has a master's in health care administration, loves a good bed-management challenge. She likens the task to a huge chess game.

"You've got five patients sitting in the

ED, and you have to find a bed and a nurse for each of them somewhere in the hospital. I love trying to shift patients. I sort of thrive on adrenaline," says Gordon. "I like being in a high-chaos environment and straightening it out."

Gordon has been blown away by the commitment of her team of bedside nurses in the middle of a pandemic. It's rare, she explains, that nurses miss a shift — something that can be a problem in some hospitals, especially during the COVID-19 crisis.

"I'm attributing it to the fact that the people who are here chose to be in this unit specifically," says Gordon. "They didn't just end up here as new nursing school grads ... they [are experienced nurses] who all left other jobs to come here."

Gordon is determined to advance her team of nurses into clinical experts in pediatric cardiac care: "They are going to know just as much, if not more, than the new fellows that are coming in here, because that's how invested we are. We have

**New nurse managers, from left, Christopher Reyes, Barbara Buckley and Colleen Gordon.**

specialized classes and physicians partnering with us to teach us about echo data and cath lab information."

She adds, "I love what we're trying to do here. And I think what's more important is that the [other nurses] are just as excited as me."



**Christopher Reyes**, prior to starting as nurse manager of the Johns Hopkins pediatric intensive care unit (PICU) in the fall of 2020, spent over a decade working as an Army nurse at military bases around the country and at Walter Reed Medical Center in Bethesda, Maryland. He was trained in adult critical care, but he found his calling when he was assigned to a pediatric intensive care unit. Working with children inspired him to pursue a doctorate in pediatric acute care nursing.



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— BARBARA BUCKLEY, NICU NURSE MANAGER

“I love the resiliency children possess,” says Reyes. “In spite of how sick they are ... they show an ability to find the good in everything, and they’re playful and easy to work with.”

Reyes’ experience as the chief nurse of a task force deployed to New York City during the peak of the pandemic in the spring and summer of 2020 served him well when his team at Johns Hopkins was tasked with creating a seven-bed COVID-19 area within the 28-bed PICU.

“That was a really demanding time because we had to convert some of the rooms into negative pressure rooms, or what we call biodomes,” says Reyes. “Children typically don’t have many complications [from COVID-19], but those that do definitely are pretty sick, and are at increased risk of developing multi-inflammatory syndrome. It’s my responsibility to make sure that my almost 150-member staff have the resources necessary to care for these COVID-19 patients while still maintaining our standard operations within the PICU.”

Reyes sees parallels in his roles working at Johns Hopkins and in the military. Both jobs, he says, involve putting efficient systems and processes in place, and both have far-reaching global implications across the health care platform.

“Johns Hopkins really sets forth this tone of being a global health leader,” says Reyes. “So, coming out of the Army, this opportunity allowed me to realign my new civilian aspirations with what I historically knew myself to be, which was somebody who was in tune with serving a greater good.”

Reyes’ vision is for the PICU nurses to be innovators and thought leaders in

pediatric critical care medicine and nursing. He gives the example of PICU Up!, an innovative multidisciplinary program developed at Johns Hopkins in 2016. Instead of keeping critically ill children in bed, and often sedated, to avoid dislodging IVs or a breathing tube — which was standard practice at the time — the team experimented with keeping these children more physically active and mobile during their PICU stay. In all cases, the kids fared better physically and emotionally and experienced no adverse effects. The PICU Up! program has since become a model for hospitals nationwide, and an inspiration for Reyes.

“I want us to be the gold standard,” says Reyes. “I want people in the health care community to say that because Johns Hopkins PICU does it, they should do it as well.”



**Barbara Buckley** graduated with her nursing degree in 1983, but she didn’t become a nurse right away — instead, she worked as an account executive at a Fortune 500 company. It wasn’t until shortly after the birth of her third child in 1994 that she found nursing again. Born with a cleft lip, her daughter would undergo four surgeries by the time she was 2 years old.

“We were in and out of the PICU,” she says. “The nurses provided so much comfort for me as a parent, I knew my daughter was in good hands and that things were going to be okay. The care exceeded my expectations, and that’s what really pushed me back into nursing.”

Not only did her daughter’s experience reconnect Buckley with nursing, but with

the niche of neonatal nursing as well: “I love working with the families, especially when the babies are just born, and teaching parents about what’s going on with their child and what to expect.”

Before taking on the role of nurse manager of the neonatal intensive care unit (NICU) at Johns Hopkins in October 2020, Buckley worked at three different hospitals. While she loved being a bedside nurse, she also found herself taking on more administrative roles — a natural fit, given her business experience. “I love being able to help people figure out problems,” she says.

Managing the nursing department during the pandemic has, naturally, been challenging. There have been staffing shortages, as well as a heightened level of distress among parents, who, with rare exceptions, are only able to visit their babies one at a time. “It’s unfortunate and very challenging for the families because they just can’t be with their baby together,” says Buckley.

Still, Buckley is thrilled to be at Johns Hopkins Children’s Center. One of the things that attracted her, she says, is its focus on advanced practice and designation as a Magnet hospital for nursing. “To be accredited every few years, you have to show that the members of your nursing force have autonomy and are exemplars in different areas, such as patient outcomes, community outreach, quality of care and safety.”

With this in mind, one of Buckley’s goals is to encourage the nurses in her unit to be actively involved in areas outside the realm of bedside care, such as working on committees and participating in making decisions about the department and the unit as a whole. She has also been serving as a mentor to the new nursing school graduates in the unit.

“I love being able to support new nursing grads as they navigate the nuances of being a new nurse, figuring out how to take care of patients, and how to balance that with their home life as well,” says Buckley. “I think they’re awesome. We really owe them a lot, and we should do whatever we can to keep them.” 🍌