



MASSACHUSETTS
GENERAL HOSPITAL

TRAUMA CENTER

Leading to Tomorrow

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**MASSACHUSETTS GENERAL HOSPITAL
BOSTON**

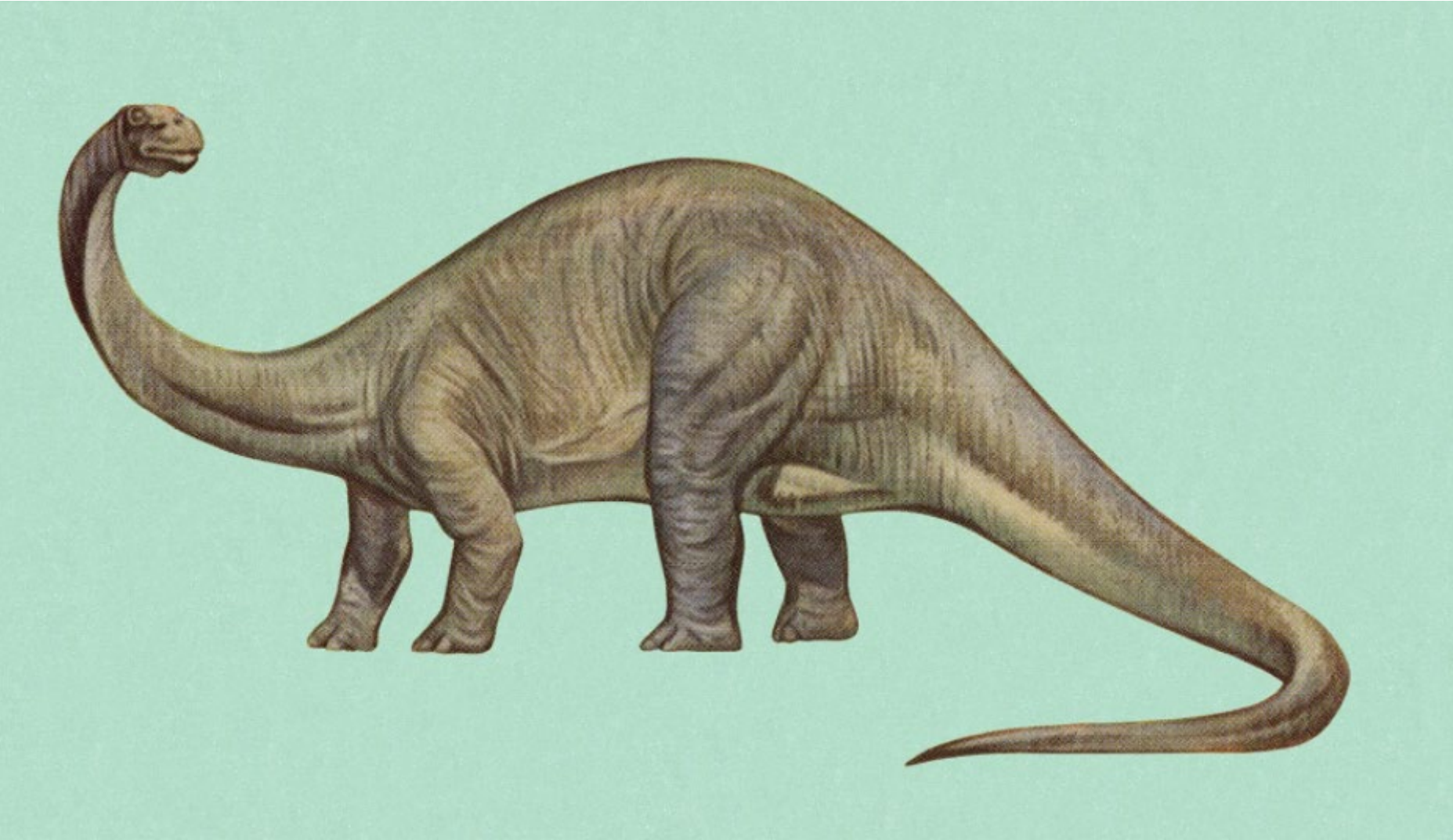


I have no disclosures.





The death of a classroom as I know it.....



Illustrate through Stories



Rn Nurse

1977, New England Deaconess Hospital student nurse Nancy M. O'Connor giving flu vaccines to the public at the Prudential Center Boston lobby.

Trauma Nursing in the Future
Providence, RI.
May 1994

New England Deaconess Hospital Centennial Day
1896-1996
Visiting Scholar

Nursing Grand Rounds – Visiting Scholar
Bellevue Hospital NYC
October 1997

SOCIETY OF TRAUMA NURSES NEWSLETTER

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PROFESSIONAL PASSION

GUEST EDITORIAL

Alice Gervasini, RN, PhD(c)
President Elect, STN
Manager, Trauma Program
Massachusetts General Hospital
Boston, MA

By the time you read this, we will have already decided which direction the United States will be taking for the next four years. No matter what the political affiliation, I have been impressed with the tremendous interest in 'voting' and the significant increase in voter registration around the country. I am also impressed by the intense passion demonstrated by various special interest groups on a multitude of issues. I do not always agree with the specific behavior pattern employed to express this intense passion, but I am envious of their successful orchestration.

The Society of Trauma Nurses has also just completed its electoral process and put forth a strategic plan that sets the pace and level of expectation for the new STN board and its membership. To accomplish these goals and move the Society forward, we must all reflect on our own initial motivation for being a part of the Society. Motivating factors can vary in intensity and may also reflect the prevailing winds of time. For those whose professional accountability includes the management and care of the trauma patient, I believe the motivating factor to become involved in a community like STN has a very distinct focal point and degree of intensity.

This focused intensity resembles the passion demonstrated by special interest groups rallying their individual cause. Trauma nurses are members of a community that is not clinically, specialty, or geographically bound. Not all nurses within the same unit or clinical environment have the same zeal for managing all types of patients cared for within that one unit. Therefore, it is not unusual for some nurses to develop an interest in trauma, while maintaining the integrity of their specialty practice, and seek out others with similar interests for camaraderie, networking and education. As this interest is nurtured and developed, an enthusiasm will evolve that has great potential. It is at this point that an enthusiastic nurse can

develop a professional passion for a cause. Professional passion in trauma nursing can encompass issues of

Professional passion is a healthy emotion that keeps many nurses on the cutting edge in the clinical, academic, and political environment.

prevention, research, clinical practice, education, or systems development. It can also help to further the mission of the STN and set in motion specific action plans to achieve identified goals. Professional passion is a healthy emotion that keeps many nurses on the cutting edge in the clinical, academic, and political environment. That type of enthusiasm is also extremely contagious and when spread to those who are sensitive to the issues, can result in a strengthening of the community.

It is this passion that has motivated many trauma nurses to work through barriers and establish an agenda to meet their individual or community needs. As a member of STN, I think it is our responsibility to foster this contagious process and help nurture those enthusiastic professionals to see the passion that exists within. It is only when we work as a community, bound by common interests and policy, will we successfully achieve the maximum effect for ourselves and the patients we care for.

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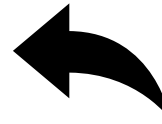
Minor Head Injuries? Not So Minor!

Grace Bubulka, RN, MSN
Administrative Director, Trauma
Director, Nursing Education & Development
Valley Children's Hospital, Fresno CA

Head injury is a major health problem in the United States. For children it accounts for over half of all their injuries. The injury seen at the time of the accident though is only the "tip of the iceberg."

Serious head injury in children, that is open or closed injury with positive CT findings, increased intracranial pressure, altered levels of consciousness or deteriorating neurologic status most certainly commands the attention and acute resources of the receiving hospital.

(cont. on page 8.)



'Professional passion is a healthy emotion that keeps many nurses on the cutting edge in the clinical, academic and political environment.'



December 1993

President's Message

PERSPECTIVES

Alice Gervasini, RN, MSN, PhD.

As the holidays approach and before we look to the beginning of a new year, it always seems appropriate to first look back and put things in perspective. Often, the perspective can take on a life of its own and weigh us down with excessive baggage. Accomplishments are some what easier to review while the activities that are identified as learning experiences may seem more challenging to critique. The outcome of this critique should not deceive or mislead but provide a platform to stimulate growth and ultimately move us forward.

The Society has been very active this year and through the efforts of the Board and the membership have advanced from a crawling to a walking stage. This developmental stage was not achieved without first working through those activities we now identify as "learning experiences." With each stumble, STN was able to regain its balance and slowly put one foot firmly down and follow through with the next step. At this point, it will be hard to slow us down.

In review, some of the accomplishments of the Society include the successful transition from a "grass-roots" internal management style to employing a management firm; co-sponsoring the all day conference addressing Trauma Site Surveys;

establishing the STN Resource Network and operationalizing the concept of a "Journal" for Trauma Nurses. Acquiring the copyright, signing a publishing contact and developing the relationship with an accomplished Editor and Editorial Board, sets the stage for a successful endeavor as the Journal of Trauma Nursing will be in print in Spring of 1994.

The platform has been set and with great expectations we will begin the new year with our energies supporting the success of the Journal, the strengthening of the STN Resource Network, furthering the activities surrounding Trauma Case Management, and providing opportunities to support professional growth and development of the membership.

My perspective on the learning experiences acquired by the STN Board in this year in review, focuses on the need to remember we are young, we do need to crawl before we walk, and walk before we run. As I said earlier, the perspective may take on a life of its own, as I've been told, each board members gift list for this holiday season included a new pair of running shoes.

HAPPY HOLIDAYS!

'stimulate growth and move us forward'





Power or Influence? A Leadership Legacy

Maria Faillace McMahon, MSN, RN, PNP-AC/PC, TCRN 

Despite the fact that unintentional injury is the leading cause of death in the United States for ages 1–44 years from 1981 to 2019 [Centers for Disease Control and Prevention, 2021], many trauma programs continue to struggle with limited resources or “buy-in” from leadership, administration, and staff needed to maintain an optimal trauma system. There are many roles within the trauma system that deliver a range of care for injured patients. Each person is important and has the potential to be impactful along the continuum of trauma care. The trauma program nurse coordinator or manager and the trauma medical director are often viewed as leaders in their institution. Do these titles mean they have the power to effect change, to ensure care is delivered built on evidence-based guidelines, or to make certain that subspecialty liaisons are engaged and active in developing the system? What does it take to get someone to be invested and to act beyond their defined clinical role?

Power is the ability to act or produce an effect (Merriam-Webster, n.d.-b). The concept of leading with power alone generates short-term results. The outcome is either positive or negative. “If you don’t arrive within 15 minutes of the patient’s admission to the trauma room then (insert threat).” Many have been the recipient of this type of message. The outcome only leads to compliance. There is more to having power and authority as a leader.

Influence is the capacity to cause an effect in indirect or intangible ways (Merriam-Webster, n.d.-a). It is the ability to change how someone else behaves or thinks based on meaningful and positive persuasion instead of authority. It does not directly impact an action or behavior just by telling someone to do something. It is influencing others to change the way they behave, think, or act and is done by persuasion and inspiration.

So which is better, power or influence? Both are important as one thinks about how to generate results.

The author declares no conflicts of interest.

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There are times when both power and influence are needed to achieve a positive outcome. There are other times when only one will work better than the other. Ultimately, a person needs to have some power to be able to influence. However, power is a perception. One example is of an identified leader who can bestow a positive or negative outcome on a person. Another is someone who has experience and knowledge, so believed to be an expert. A person who is seen as an expert in their role is someone who is listened to and, in turn, can influence. Both have power.

The goal is to facilitate positive outcomes. Building and developing relationships throughout the trauma system promote cohesiveness, effective communication, and motivation to achieve a common goal. These relationships will have an effect on influence. When a positive relationship is based on trust with peers, a leader’s actions and behaviors will be more likely to influence (Woolf, 2021). The relationship between leadership, administration, trauma nurses, and physicians across the continuum, and the trauma program leaders, affords several examples. Leaders who affect meaningful influence lead by example. They present research or are involved in organizations nationally and therefore recognized as experts by hospital leadership and peers. They involve the multidisciplinary team in developing guidelines and protocols that build trust, collaboration, and ownership. A leader who uses influence cultivates a culture of pride and acknowledgment for the trauma nurse across the continuum of care, from the emergency department to bedside, and rehabilitation, which shapes behaviors and beliefs. A trauma team that is cohesive, engaged, and whose actions are to provide trauma care that is derived from within, creates a positive and lasting effect that touches the whole system.

Orcid iDs

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REFERENCES

Centers for Disease Control and Prevention. (2021, February 11). *Top ten leading causes of death in the U.S. for ages 1–44 from 1981–2019*. <https://www.cdc.gov/injury/wisqars/animated-leading-causes.html>

‘The relationship between leadership, administration, trauma nurses, and physicians...

Leaders who affect meaningful influence lead by example.

..they build trust, collaboration, and ownership.

A leader who uses influence cultivates a culture of pride and acknowledgment...shapes behaviors and beliefs.’



Objectives

- Find the leader in yourself
- See where you as a leader fit in
- Remember 'it is all about me'!

Who/What/When/Where is a leader?

- Within the nursing community we are all leaders!
- A leader is *'a person who leads'*.
- Leading is a daily thing.
- A leader is always inspiring us, slow to accept the credit, but quick to accept the blame.

Leaders on the World Stage – April 2022



Ukraine's President Volodymyr Zelensky

'former actor/comedian leads his country's resistance to Russian invasion, remaining in Ukraine and determined to fight'

Characteristics of a Good Leader

- Vision
- Inspiration
- Strategic & Critical Thinking
- Interpersonal Communication
- Authenticity & Self-Awareness
- Open-Mindedness & Creativity
- Flexibility
- Responsibility & Dependability
- Patience & Tenacity
- Continuous Improvement

Sonya Krakoff, 2022

An Effective Leader is ‘a person who does’:

- Creates an inspiring vision of the future
- Motivates & inspires people to engage with that vision
- Manages delivery of the vision
- Coaches & builds a team so that it is more effective @ achieving the vision

Sonya Krakoff, 2022

Born Leaders.....

- Qualities of a good leader are innate
 - You have it or you don't
- Key leadership qualities can be learned
 - We all grow and learn
 - We acquire knowledge through observation & experimentation

Brian Eastwood 2019

- We often confuse *leadership* and *management*

“Management is about persuading people to do things they do not want to do, while leadership is about inspiring people to do things they never thought they could.”

Steve Jobs

Job Titles & Graduated 'Leadership' – what should we expect?

- Within trauma:
 - Coordinator
 - Manager
 - Director
 - Executive Director
- Within general nursing:
 - CNO – VP (organizational chart)
 - ACNs
 - Directors
 - Managers
 - Resource
 - Charge


Leadership Styles – a different style for different situations and groups

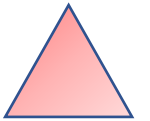
- Authoritarian: the leader can impose expectations & define outcomes
 - Crisis mode, or in charge of three young children
- Participative: democratic theory
 - Situations where I want to increase staff motivation and job satisfaction
 - The advantages are high but the disadvantages can lead to poor outcomes
- Delegative: 'laissez-faire'
 - What is the level of 'project or initiative' and what is the level of the group
- Transactional: give and take style, rewards are clear,
 - Established specific measurable time bound goals, no room for creativity
- Transformational: inspires with a vision and empowers to achieve
 - Requires a lot from the leader but is rewarding if there is success

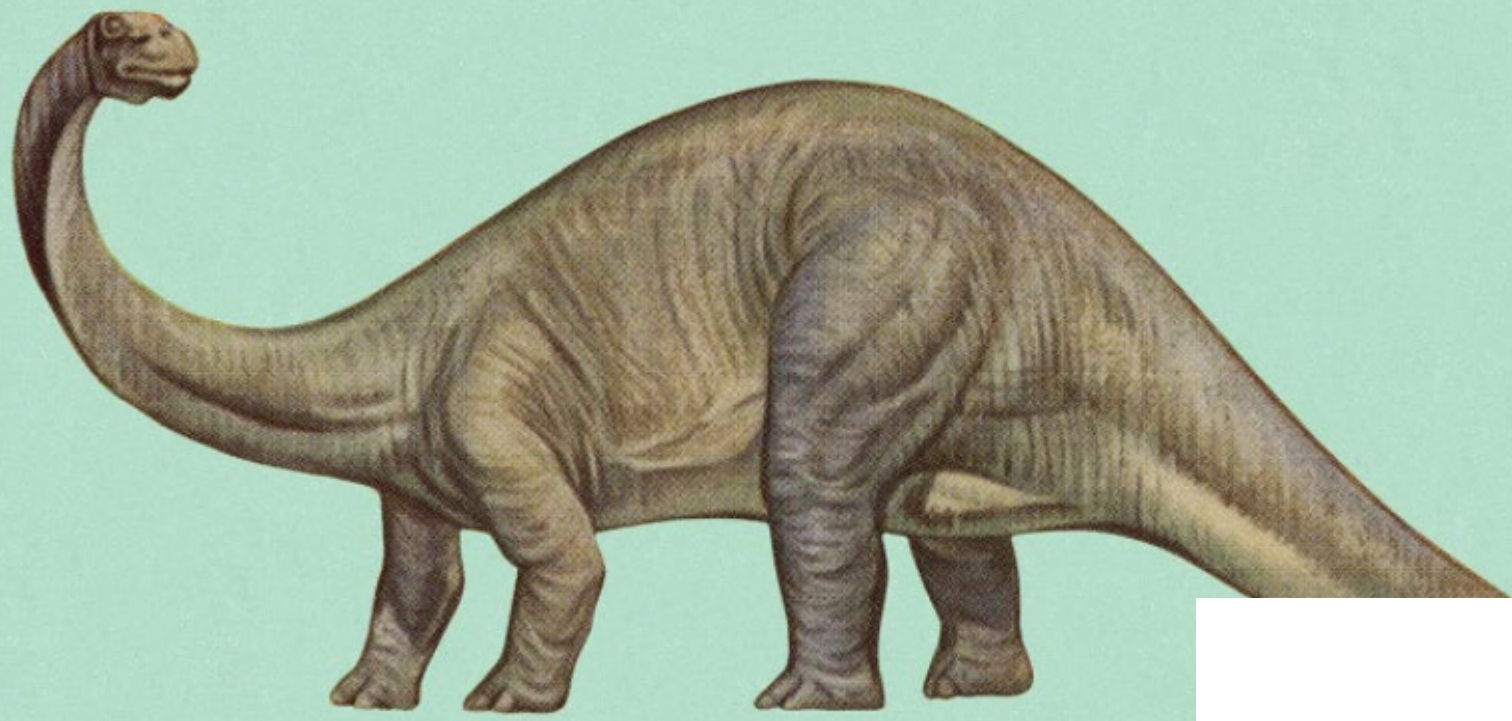
How do you see yourself?

- If you are the bedside clinician:
 - Successfully negotiate the day
 - Best utilization of resources on/off the unit
 - Measurable goals, 'check the boxes'
- If you are the TNC/TPM:
 - Project driven
 - Persuading everyone to 'get on board'
 - Measurable outcome – program dynamics
- If you are the Director
 - Establish the mission and vision for the program
 - How are you helping everyone not only see the vision but are inspired to help make it a reality

Where do you see yourself?

- Bedside clinician –
- Leading a team all with common goals for the patient; flip the pyramid; or is it an hourglass; 
- TNC/TPM – in the office, rounding on patients?
 - Leading the indirect team for common goals that address
 - Quality care
 - Meeting expectations of regulatory bodies
 - Authority to lead the team
- Director – in the office,
 - Leading through walk rounds
 - Leading through example
 - Leading through knowledge





How do we measure our outcomes- what are the deliverables?

- In some situations, it changes day to day
- Short – mid – long range plan/project
 - Measurable goals at each step
 - Flexible leadership style may exist at each step
 - Communication – clarity in delivering a message and patience to be an active listener
- Celebrate the successes – but never forget the failures
 - Review what went wrong with the process
 - What type of leadership did you provide?
 - Where could you have changed course, listened better, appreciated the people and the situation for what it was versus what you thought/wanted it to be

- Why is it all about me?
- I believe the leader should be in the back round and the team should take the credit.
- I believe the leader should take the responsibility for the loss no matter what – what didn't I do right along the way.
- I believe we all have skills to lead and we need to bring them forward daily to make each of our experiences better.
- I believe it is OK to say I was wrong, on the wrong track, overzealous, missed the boat.....
- I believe you need to get into the game – no sitting on the sideline!

Leading to Tomorrow



Thank you!