**Poster**

**Abstract Title:**

History and Evolution of the Trauma Program Manager/Coordinator

**Authors:**

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**Background & Purpose:**

Trauma program manager/coordinator (TPM/TNC) roles have evolved since the early 1980’s. The position initially had 5 functional areas: Clinical, educational, administrative, research, and quality. In 1994 the ACS reported 54 centers failed verification, with 31% cited for no TPM/TNC or for inadequate support of the role. The first national study to define the role was published in 1996. Since that time, the role has evolved, but role ambiguity and conflict remain. This study’s purpose is to describe the current demographics and self-perceived scope of work of TPM/TNC’s.

**Study/Project Design:**

We surveyed TPM/TNC’s using an original, self-administered, 58-item web-based survey.

**Setting:**

TPM/TNCs were recruited through the STN website, list-serve and trauma nurse leader emails.

**Sample:**

A convenience sample of 468 TPM/TNC respondents aged 18 and older was collected through a confidential and anonymous web-based survey.

**Procedures:**

The first 43 items of the survey utilized a 4-point likert scale to determine the frequency and scope of specific trauma program work. These activities included education, program administration, registry, trauma system, research, clinical aspects, performance improvement, injury prevention, outreach, and the trauma verification site survey. The remaining 15 items were demographic questions. We developed frequency tables and used multiple logistic regression to compare participant responses by level of trauma center (I-IV), size of facility, and region of the country. All statistics were done using MiniTab v.16. We have elected to report the results in 2 parts: Part I includes demographics and administrative reporting structure, and Part II includes all aspects of role definition and work.

**Findings/Results:**

For Part I of the study, mean age was 47.5 (+/- SD 8.9), and 87% were female. This compares to a mean age of 38.5 reported in a 1996 national survey, where 91% were female. Mean number of years in the position was 6.0 (+/- SD 5.6), and those at Level I trauma centers had the greatest longevity: 7.8 years (+/- SD 6.7) at adult Level I centers and 8.3 years (+/- SD 6.6) at pediatric Level I centers. By comparison the 1996 study reported 3.3 years in the position. Educational preparation was predominantly at the baccalaureate level, with 50.8% BSN’s, 30.1% ADN’s, and 18.2% MSN’s. In 1996 only 40.6% reported having a baccalaureate degree whereas 25% had completed a master’s degree. 49.6 % of the current sample had the title of Trauma Program Manager as compared to 28.4% who were called Trauma Nurse Coordinators. The majority of TPMs/TNCs (41.9%) report to a Nursing Director for the ED or Critical Care, as compared to 25% who report to a nursing executive and 18.4% who report to a VP.

**Discussion/Conclusions/Implications:**

The TPM/TNC position continues to evolve, with nurses staying in these positions longer and into middle age. The proportion of males in the role has also increased slightly. More TPM’s/TNC’s have baccalaureate preparation, but the proportion with master’s degrees has declined. There is a move toward the title of Trauma Program Manager instead of Trauma Nurse Coordinator, with a varying reporting structure. Our next step is to report the complexity of the TPM/TNC position, in terms of specific role functions and responsibilities critical to trauma center performance, viability and verification.