

MENTORING AND COACHING THE TRAUMA PROGRAM MANAGER (TPM) THROUGH THE 7 REALMS

KATHLEEN MARTIN, MSN, RN

TRAUMA SYSTEM CONSULTANT

OBJECTIVES

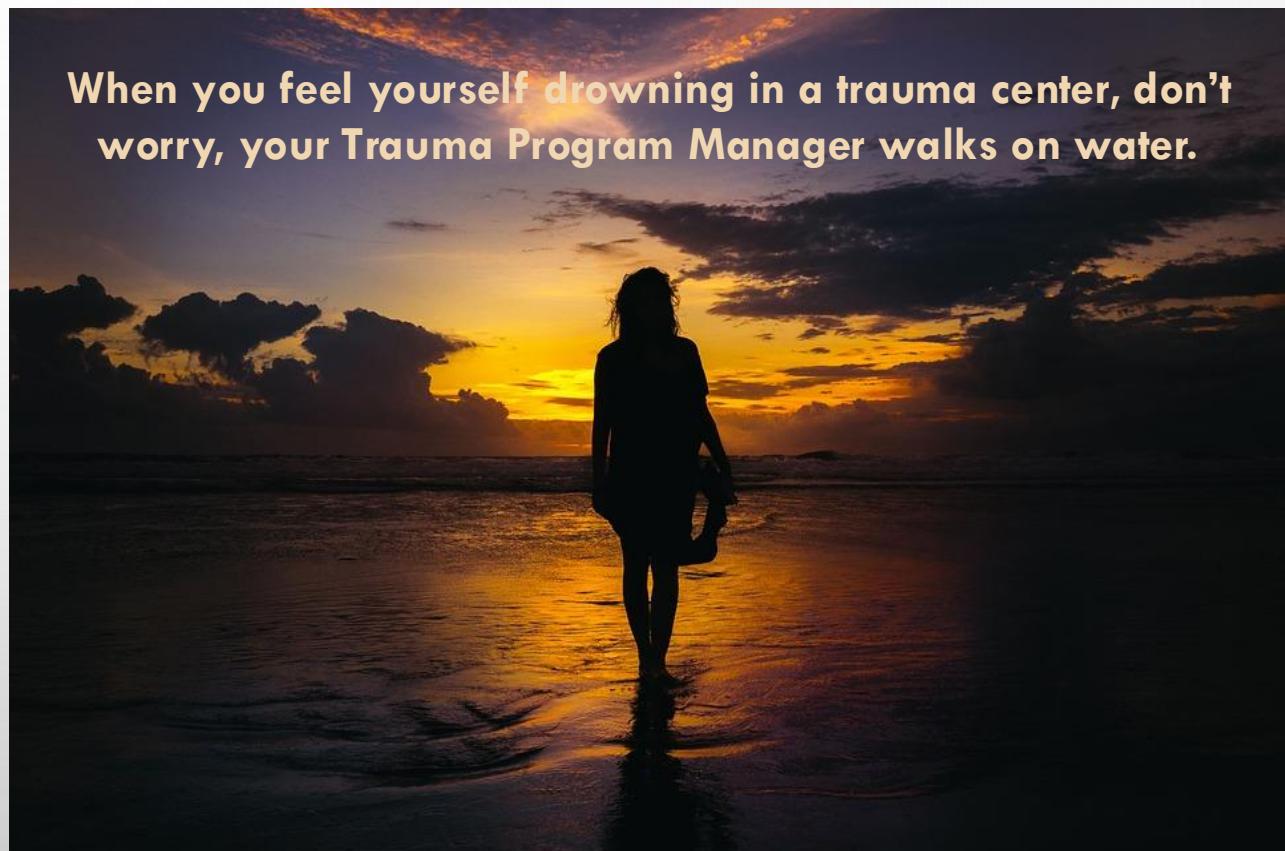
1. IDENTIFY THE 7 REALMS OF THE TRAUMA PROGRAM MANAGER ROLE
2. UNDERSTAND THE ELEMENT OF MENTORING BY AN EXPERIENCED GUIDE
3. RECOGNIZE THE STEPS IN COACHING A TRAUMA PROGRAM MANAGER TO IMPROVE PRESENT PERFORMANCE.

KEY CONTENT POINTS

1. KEY CONTENT WILL INCLUDE A REVIEW OF THE ACS ORANGE BOOK KEY CHARACTERISTICS AND THE 7 KEY REALMS OF THE TRAUMA PROGRAM MANAGER ROLE.
2. KEY CONTENT WILL INCLUDE THE STEPS IN IDENTIFYING A MENTOR WITH EXPERIENCE AND EXPERTISE TO GUIDE THE TPM THROUGH THE FUTURE WHILE UNDERSTANDING THE PAST.
3. KEY CONTENT WILL INCLUDE THE CHARACTERISTICS OF A MENTOR WHO GUIDES THE TPM THROUGH THEIR PRESENT TPM ROLE.

REALM

- *THE SPECIAL PROVINCE OR FIELD OF SOMETHING OR SOMEONE*
- *A FIELD OR DOMAIN OF ACTIVITY OR INTEREST*

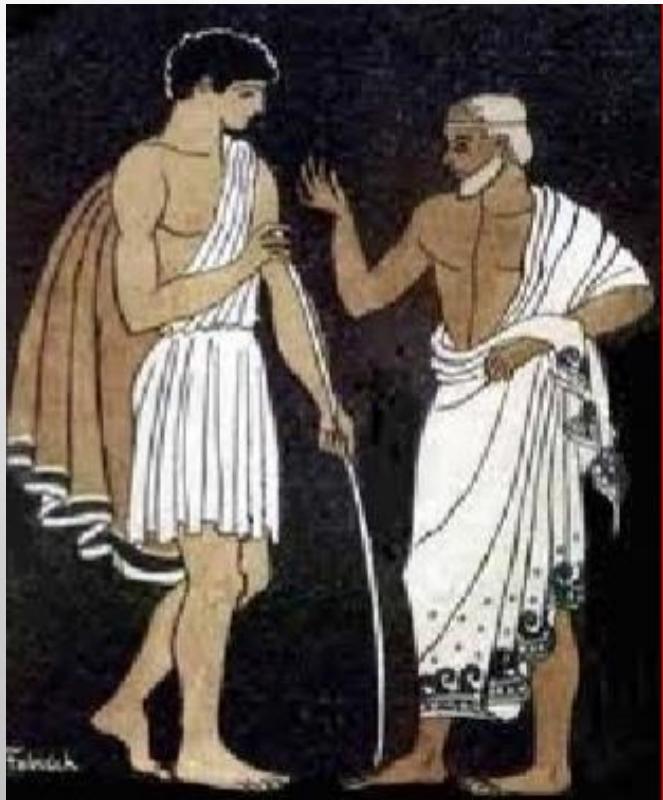


BACKGROUND

- TPMS FUNCTION AS CO-MANAGERS OF TRAUMA PROGRAMS WITH THE TMD
- THEY OFTEN START WITH LITTLE ORIENTATION TO THE 7 REALMS THEY MUST MANAGE
- COURSES EXIST TO ASSIST IN BRIDGING THE GAP, BUT MENTORING AND COACHING ARE INVALUABLE
- A MENTOR IS AN EXPERIENCED GUIDE WHO ASSISTS A TPM TO LEARN THEIR ROLE WHILE FOCUSING ON THEIR FUTURE CAREER
- A COACH FOCUSES ON MOLDING PERFORMANCE IN THE PRESENT



THE ORIGINS OF MENTORING



- MENTOR WAS THE SON OF ALCUMUS IN GREEK MYTHOLOGY AND FRIEND TO ODYSSEUS (1250 BC)
- WHEN ODYSSEUS LEFT FOR THE TROJAN WAR HE PLACED MENTOR IN CHARGE OF HIS SON, TELEMACHUS
- MENTOR WAS A TRUSTED FRIEND, MORE EXPERIENCED, A COUNSELOR AND TEACHER
- MENTEEES ARE ALSO CALLED “PROTÉGÉS”

UNDERSTANDING MENTORING

- MENTORING REFERS TO A PERSONAL DEVELOPMENTAL RELATIONSHIP
- MENTORING ENABLES SYNERGETIC PURPOSEFUL CONVERSATION
- INTENT IS TO REFLECT ON EXPERIENCES, MAKE INFORMED DECISIONS AND ACT UPON IDEAS GENERATED
- “SEE ONE, DO ONE, TEACH ONE”

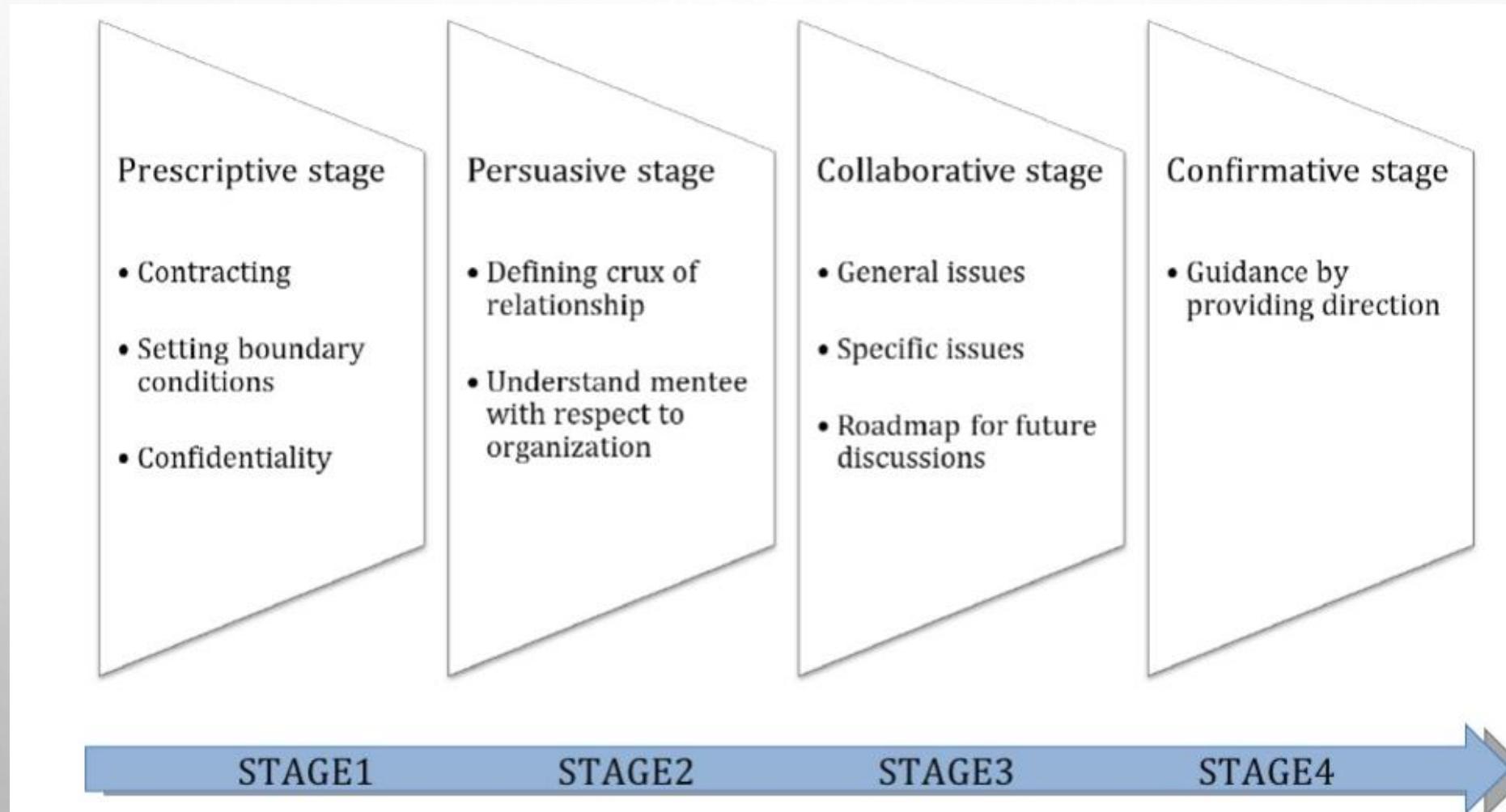


UNDERSTANDING MENTORING

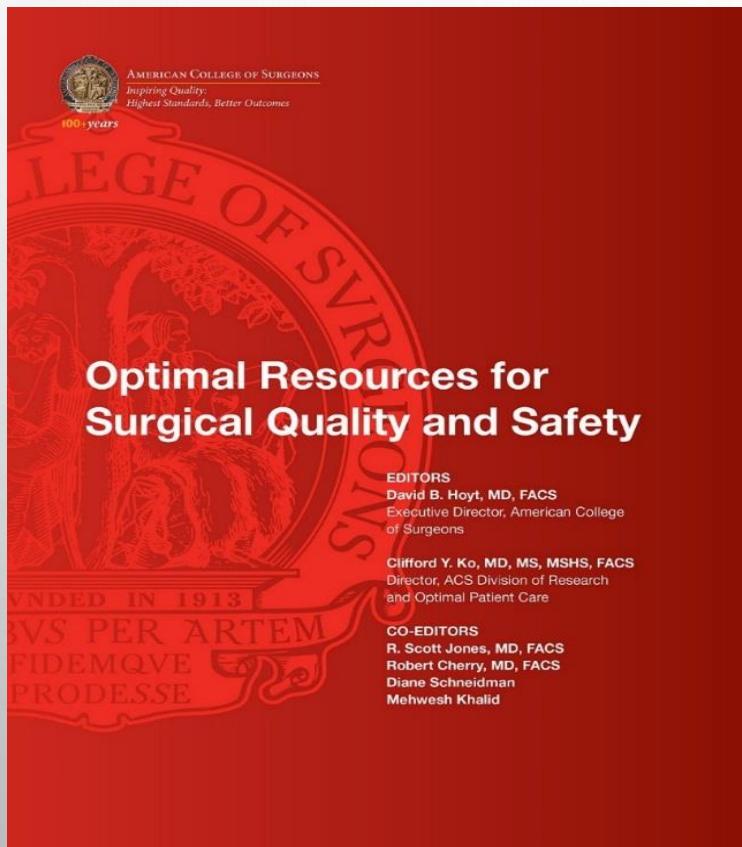
- **M** MANAGES THE RELATIONSHIP
- **E** ENCOURAGES
- **N** NURTURES
- **T** TEACHES
- **O** OFFERS MUTUAL RESPECT
- **R** RESPONDS TO THE MENTEE'S NEEDS



STAGES OF MENTORING



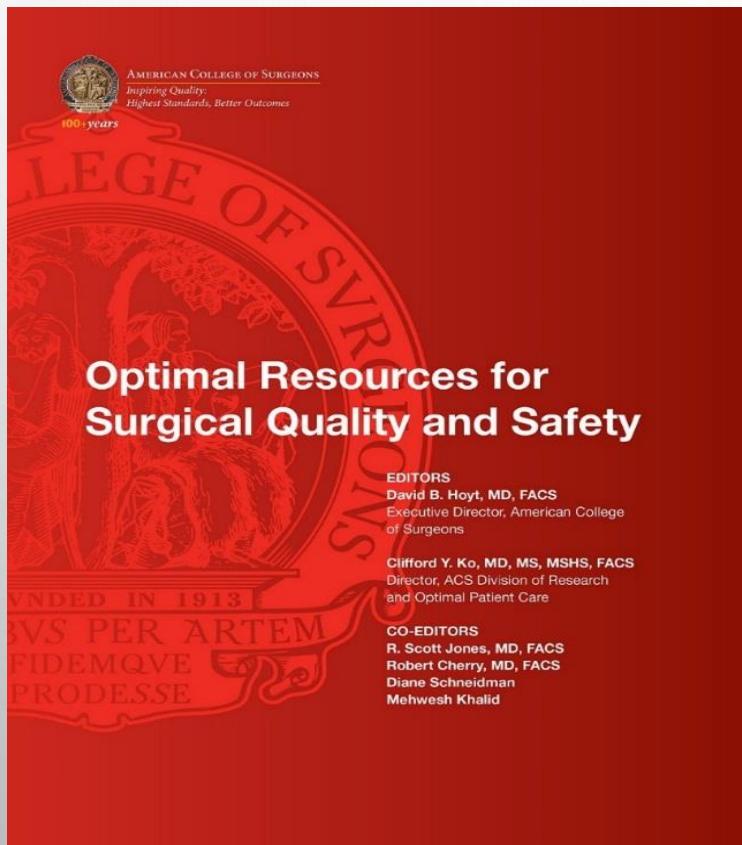
AMERICAN COLLEGE OF SURGEONS: OPTIMAL RESOURCES FOR SURGICAL QUALITY



SUCCESSFUL RELATIONSHIPS

- RECIPROCITY (2 WAY STREET)
- MUTUAL RESPECT
- CLEAR EXPECTATIONS
- PERSONAL CONNECTION
 - CHEMISTRY WITH ONE ANOTHER
- SHARED VALUES
- SEASONED PROFESSIONAL

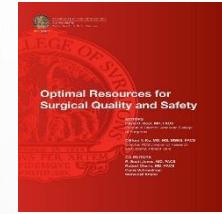
AMERICAN COLLEGE OF SURGEONS: OPTIMAL RESOURCES FOR SURGICAL QUALITY



THE MENTEE

- CLEAR UNDERSTANDING OF THEIR NEEDS
- ESTABLISH CLEAR GOALS
- MANAGING TIME, RESOURCES AND SKILLS
- UNDERSTAND THE CULTURE OF THE PROGRAM
- IDENTIFY VALUABLE PROJECTS, METHODS, PUBLISH
- ACHIEVING WORK LIFE BALANCE
- ONE MENTOR CANNOT PROVIDE EVERYTHING

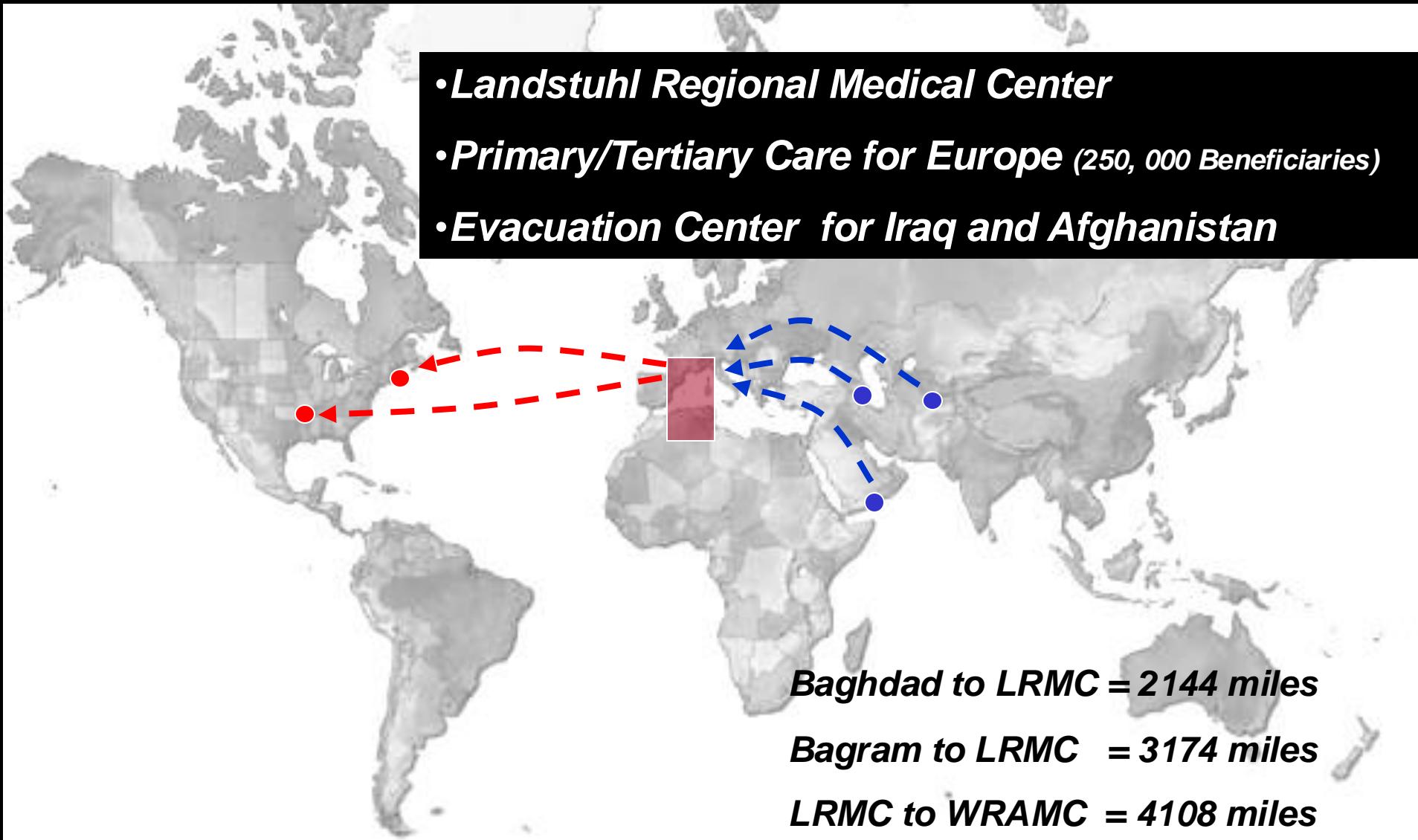
COACHING VERSUS MENTORING



	Coaching	Mentoring
Focus	Task oriented	Relationship oriented
Goal	Performance driven with transfer of skills	Development driven with transfer of knowledge
Duration	Short term and well defined	Long-term, often lifelong
Strategic assessment	Unnecessary	Necessary
Financial compensation	Yes	No
Expertise	May not have expertise with the particular skill but has expertise with coaching	Significant expertise; often is a role model
Age	Any age	Older
Location with respect to the organization	Outside of the organization	Within the organization

Example of Premiere Mentoring Program

ACS AAST Senior Visiting Surgeon Program



Visiting Professors

- **C. William Schwab**
- University of Pennsylvania
- Philadelphia, PA
- 2006

- **Ernest Moore**
- Denver Health Medical Center
- Denver, CO
- 2006

- **Donald D. Trunkey**
- Oregon Health & Science University
- Portland, OR
- 2006, 2008, 2010

- **Lawrence Roberts**
- West Virginia University
- Morgantown, WV
- 2006



Visiting Professors

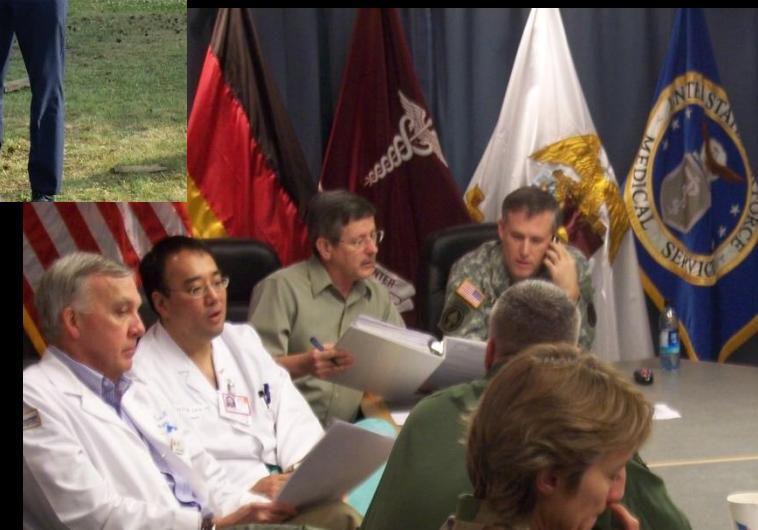
- **Margaret (Peggy) Knudson**
- San Francisco General Medical Center
- San Francisco, CA
- **2006, 2008, 2009**



- **Kimball Maull**
- Carraway Methodist Medical Center
- Birmingham, AL
- **2007**



- **John B. Fortune**
- State University of New York
- Syracuse, NY
- **2007**



- **Joseph Solomkin**
- University of Cincinnati
- Cincinnati, OH
- **2007**

Visiting Professors

- **R. Stephen Smith**
- University of Kansas
- Wichita, KS
- 2007



- **Frederick Moore**
- The Methodist Hospital
- Houston, TX
- 2007



2007/06/01 21

- **Jeffrey Hammond**
- Robert Wood Johnson Medical School
- New Brunswick, NJ
- 2007



- **Ronald V Maier**
- University of Washington
- Seattle, WA
- 2007

Visiting Professors

- **Norman McSwain**
- Tulane University
- New Orleans, LA
- 2007



- **David V. Feliciano**
- Emory University
- Atlanta, GA
- 2007



- **Erik Frykberg**
- Shands Jacksonville Medical Center
- Jacksonville, FL
- 2007

- **Michael Sise**
- Scripps Mercy Hospital
- San Diego, CA
- 2007

"THEN I (NEW TPM) TRAVELED THROUGH THE SEVEN LEVELS (CHAPTER 5 ORANGE BOOK) OF THE CANDY CANE FOREST (TRAUMA CENTER), PAST THE SEA OF SWIRLY AND TWIRLY GUMDROPS (ORANGE BOOK CHAPTER 15 REGISTRY, 16 PIPS, VERIFICATION PROCESS), AND THEN I WALKED THROUGH THE LINCOLN TUNNEL (SUCCESS)."



HISTORICAL PERSPECTIVE DEFINING TPM ROLE

- SEPTEMBER 1996 STN WAS ASKED BY THE ACS TO REVIEW THE “TRAUMA COORDINATOR” SECTION OF THE OPTIMAL RESOURCE DOCUMENT AND REVISE IT
- STN RECOMMENDED THAT THE TITLE BE CHANGED TO “TRAUMA PROGRAM MANAGER”

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OCT 29 1996

COMMITTEE ON TRAUMA, AMERICAN COLLEGE OF SURGEONS
 RESOURCES FOR OPTIMAL CARE OF THE INJURED PATIENT

Manager

DEFINITION OF TRAUMA COORDINATOR

HOSPITAL CRITERIA		Level 1	Level 2	Level 3	Level 4
<i>on Trauma Coordinator</i>		E	E	E	D
The Trauma Program Manager is a full time registered nurse who is fundamental to the development, implementation, and evaluation of the trauma program. Working as collaborative partners with the Trauma Medical Director, the Trauma Program Manager is responsible for the organization of services and systems necessary for a multidisciplinary approach through the continuum of trauma care. The TPM may have varying levels of accountability with individual program components, recognizing the wide range of responsibilities required to coordinate the program. A part of this role is to define and access other resource personnel within the hospital. The TPM may participate in various aspects of the trauma program depending upon hospital structure, personnel support, available resources and evolving needs of a developing trauma program. <i>The TPM has all authority and accountability responsibility for the clinical and both administrative components of the program.</i>					
Qualifications: The Trauma Program Manager must show evidence of educational preparation, certification, and clinical experience. A selection process defined by the institution's personnel policy must be delineated.		E	E	E	D
Clinical activities: planning and implementing clinical protocols, monitoring care on in-hospital patients, serving as a resource for clinical practice and assist staff in problem solving.		E	E	E	D
Education: planning and providing for professional staff development, participating in case reviews, standardization of practice guidelines and required continuing education. Active involvement in community trauma education and prevention programs. The TPM must have a minimum of 18 hours of trauma related continuing education per year.		E	E	E	D

? Educational responsibilities:

Kath - I think this is looking good. The Educational, PI, Adm Sup, TR, Consult/Liaison/Research, Comm/Nat Involvement are all components so may be should add a sentence like what I did above. Reg

Quality

Performance Improvement: shares responsibility for oversight of monitoring clinical, ~~and~~ system quality of care delivery. Activities also include development of quality filters, audits, and case reviews in all phases of trauma care. After identification of trends and sentinel events, the Trauma Program Manager encourages and facilitates interdisciplinary collaboration for remedial actions and re-evaluation plans. All documentation of the Performance Improvement activity is confidentially maintained by the coordinator for reporting to the hospital Performance Improvement program. The Coordinator also monitors the trauma system for effectiveness of the established protocols and ensures adherence to national and local standards of care.

E	B	E	E
<i>Administrative</i>	<i>Program</i>	<i>or</i>	
E	D	-	-
<i>Supervision of the Trauma Registry: responsible for accurate data collection, coding and scoring and developing processes for validation of data. The coordinator is involved in the design of the Registry to facilitate Performance improvement activities, trend reports, and confidentiality and research.</i>			
E	E	D	-
<i>Committee/Liaison: The TPM position is a stabilizing factor in complex network of multiple disciplines who must work in concert to provide high quality care. The TPM serves as an internal resource for staff in all departments and acts as a liaison for the program with Emergency Medical Service agencies and the community at large.</i>			
E	E	D	-
<i>Research: involved in research selection, analysis, and distribution of findings. The Trauma Program Manager is involved in facilitating protocol design and assisting accurate data collection.</i>			
E	D	D	-
<i>Community/National Involvement in Trauma Care Systems: participation of the TPM in the development of trauma care systems at community, state, provincial, or national levels is expected.</i>			
E	E	D	D

the TPM function as the T. Prog. representative for various committees in the acute care facility and the community to enhance foster optimal T. care management

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 P.04

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AMERICAN COLLEGE OF SURGEONS COMMITTEE ON TRAUMA RESOURCES FOR OPTIMAL CARE OF THE INJURED PATIENT DEFINITION OF TRAUMA PROGRAM MANAGER				
HOSPITAL CRITERIA				
Level I	Level II	Level III	Level IV	
E	E	E	E	
				TO DO WHAT
				Define also in relation to
E	E	E	E	
				Huge hole!
E	E	E	E	
E	E	E	E	
				MIXED
				MESS
				INDIAN on CH

URGENT CED	ID:616-732-8611	SEP 24 1996	15:55	RU 0101 1102
0023-9395/96/2812-167\$02.00/0	THE JOURNAL OF TRAUMA			
Copyright © 1996 by The Williams & Wilkins Co.				
The Role of the Trauma Coordinator: A Position Paper*				
CAROLYNNE B. FLINT, R.N.				
The role of the Trauma Coordinator is pivotal in the development, functioning, and evaluation of a Trauma System. With this belief in mind, members of the Trauma Coordinators' Subcommittees of the American Trauma Society and the Trauma Nurse Network have jointly produced the following description of the key components of the role of a Trauma Coordinator. These concepts are based on the experiences of many professionals who are currently working as Trauma Coordinators around the country. The basic outline follows the description of the Trauma Coordinator's role developed and approved by the Trauma Coordinators' Subcommittees of the American Trauma Society. The definition reads as follows:				
The Trauma Coordinator promotes optimal trauma care in the context of a regionalized trauma care system through: clinical activities; professional and public education; research activities; quality assurance activities; administrative functions.				
The term Trauma Coordinator is a common professional designation given to persons who fill this role. This position paper speaks to all persons in this role, irrespective of their official titles.				
This document is a description of role concepts and should not be interpreted as a job description.				
CLINICAL ACTIVITIES				
The role of the Trauma Coordinator (T.C.) will change as the scope of his or her specific system changes. However, patient care should always remain a priority.				
Early in the organization of a hospital system for the care of trauma patients, it will very likely be necessary for the T.C. to take an active role in the initial management of the patients. This involvement can adapt to a consultant role as the program matures. During this early phase the T.C. needs to ensure that the newly developed protocols are being followed. This is often best done by being physically present during resuscitation. Later, such patient monitoring should be done as a part of quality assurance activities.				
The one component that we believe is essential to the practice of a T.C. is making rounds on in-house trauma patients. This provides several important opportunities for the T.C. to interface with patients and their families.				
* From the Trauma Coordinators' Subcommittees workshop at the American Trauma Society meeting, May 18-20, 1995. Address for reprints: Carolynne B. Flint, R.N., 119 Brantwood Road, Amherst, NY 14226.				
The process of educating our medical colleagues in the trauma system can require a great deal of diplomacy.				

OPTIMAL RESOURCES FOR CARE OF THE INJURED

CHAPTER 5: TRAUMA PROGRAM MANAGER

- THE TPM MUST SHOW EVIDENCE OF EDUCATIONAL PREPARATION, WITH A MINIMUM OF 16 HOURS (INTERNAL OR EXTERNAL) OF TRAUMA-RELATED CONTINUING EDUCATION PER YEAR AND CLINICAL EXPERIENCE IN THE CARE OF INJURED PATIENTS (CD 5-24).
- THERE SHOULD BE A WRITTEN JOB DESCRIPTION THAT DEFINES SUFFICIENT AUTHORITY TO DO THE JOB AND CLEARLY OUTLINES THE RESPONSIBILITIES OF THE INDIVIDUAL.

OPTIMAL RESOURCES FOR CARE OF THE INJURED

CHAPTER 5: TRAUMA PROGRAM MANAGER

- **THE 7 REALMS THE TRAUMA PROGRAM MANAGER MUST NAVIGATE:**
 - CLINICAL ACTIVITIES
 - EDUCATIONAL AND INJURY PREVENTION RESPONSIBILITIES
 - PERFORMANCE IMPROVEMENT
 - ADMINISTRATION
 - SUPERVISION OF THE TRAUMA REGISTRY AND RESEARCH
 - CONSULTANT AND LIAISON
 - COMMUNITY AND NATIONAL INVOLVEMENT IN TRAUMA CARE SYSTEM

OPTIMAL RESOURCES FOR CARE OF THE INJURED

CHAPTER 5: TRAUMA PROGRAM MANAGER

1. CLINICAL ACTIVITIES: COORDINATE MANAGEMENT ACROSS THE CONTINUUM OF TRAUMA CARE, WHICH INCLUDES THE PLANNING AND IMPLEMENTATION OF CLINICAL PROTOCOLS AND PRACTICE MANAGEMENT GUIDELINES, MONITORING CARE OF IN-HOSPITAL PATIENTS, AND SERVING AS A RESOURCE FOR CLINICAL PRACTICE.
2. EDUCATION RESPONSIBILITIES: PROVIDE FOR INTRAFACILITY AND REGIONAL PROFESSIONAL STAFF DEVELOPMENT, PARTICIPATE IN CASE REVIEW, IMPLEMENT PRACTICE GUIDELINES, AND DIRECT COMMUNITY TRAUMA EDUCATION AND PREVENTION PROGRAMS.

OPTIMAL RESOURCES FOR CARE OF THE INJURED

CHAPTER 5: TRAUMA PROGRAM MANAGER

3. PERFORMANCE IMPROVEMENT: MONITOR CLINICAL PROCESSES AND OUTCOMES AND SYSTEM ISSUES RELATED TO THE QUALITY OF CARE PROVIDED; DEVELOP QUALITY FILTERS, AUDITS, AND CASE REVIEWS; IDENTIFY TRENDS AND SENTINEL EVENTS; AND HELP OUTLINE REMEDIAL ACTIONS WHILE MAINTAINING CONFIDENTIALITY.
4. ADMINISTRATION: MANAGE, AS APPROPRIATE, THE OPERATIONAL, PERSONNEL, AND FINANCIAL ASPECTS OF THE TRAUMA PROGRAM. SERVE AS A LIAISON TO ADMINISTRATION, AND REPRESENT THE TRAUMA PROGRAM ON VARIOUS HOSPITAL AND COMMUNITY COMMITTEES TO ENHANCE AND FOSTER OPTIMAL TRAUMA CARE.

OPTIMAL RESOURCES FOR CARE OF THE INJURED

CHAPTER 5: TRAUMA PROGRAM MANAGER

5. SUPERVISION OF THE TRAUMA REGISTRY: SUPERVISE COLLECTION, CODING, SCORING, AND DEVELOPING PROCESSES FOR VALIDATION OF DATA. DESIGN THE REGISTRY TO FACILITATE PERFORMANCE IMPROVEMENT ACTIVITIES, TREND REPORTS, AND RESEARCH WHILE PROTECTING CONFIDENTIALITY.
6. CONSULTANT AND LIAISON: STABILIZE THE COMPLEX NETWORK OF THE MANY DISCIPLINES THAT WORK IN CONCERT TO PROVIDE HIGH-QUALITY CARE. SERVE AS AN INTERNAL RESOURCE FOR STAFF IN ALL DEPARTMENTS, AND ACT AS A LIAISON FOR EMS AGENCIES.
7. COMMUNITY AND NATIONAL INVOLVEMENT IN TRAUMA CARE SYSTEMS: PARTICIPATE IN THE DEVELOPMENT OF TRAUMA CARE SYSTEMS AT THE COMMUNITY, STATE, PROVINCIAL, OR NATIONAL LEVELS.

WHAT DOES HISTORY SAY ABOUT THE 7 REALMS? TRAUMA CONTINUUM OF CARE: INJURY PREVENTION THROUGH REHABILITATION



EMS

Emergency

Operating Room

Acute Care

Rehabilitation

Return to Society

TRAUMA PROGRAM MANAGER: CLINICAL



- MENTORING
- ENSURE INVOLVEMENT WITH CLINICAL PRACTICE GUIDELINE DEVELOPMENT (CPG/PMG)
 - PART OF THE CPG DEVELOPMENT SHOULD INCLUDE THE METRICS TO MEASURE COMPLIANCE WITH THE CPG
 - CUSTOMIZE THE TRAUMA REGISTRY TO COLLECT METRICS AND REPORT OUT ON QUARTERLY/PERIODIC BASIS
- IMPLEMENT A LEADER ROUNDING SCHEDULE TO ENSURE YOUR FACE IS KNOWN, YOU COMMUNICATE WITH CAREGIVERS
- ATTEND MORNING REPORT/HANDOFF SO YOU ARE KEENLY AWARE OF CONCURRENT ISSUES. BE KNOWN AS A PROBLEMS SOLVER

Florence Nightingale, English Nurse is a photograph by Science Source which was uploaded on May 30th, 2013.

TRAUMA PROGRAM MANAGER: EDUCATION



1907, London photo: M Adelaide Nutting et al.

- EMS EDUCATION ON UNDER-TRIAGE, CHANGES IN PRACTICE DURING COVID, DIFFICULT REVIEWS
- ONGOING EDUCATION WITH ED WITH TRAUMA ACTIVATION SIMULATION
- ICU AND STEPDOWN 10 MINUTES OF EACH STAFF MEETING OR LUNCH/LEARN AND SUPPLY PIZZA. NEW TOPIC EVERY WEEK.
- DIFFICULT AIRWAY CLASSES VIRTUALLY, THEN THEY PRACTICE WITH SKILLED PROVIDER LOCALLY
- HYBRID ATLS AND ATCN COURSES
- STATE OR RTAC FUNDED TOPIC OR ATS TPM COURSES

TRAUMA PROGRAM MANAGER: INJURY PREVENTION



- VIRTUAL REALITY INJURY PREVENTION WITH IMMERSIVE, INTERACTIVE VIRTUAL PEDESTRIAN ENVIRONMENT IS JUST AS EFFECTIVE AS ON-SITE (SCHWEBAL ET AL)
- BALANCE TRAINING USING A VIRTUAL-REALITY SYSTEM IN OLDER FALLERS IS AN EFFECTIVE METHOD
- NEW TRAINING FOCUSED ON PHYSIOLOGICAL CHANGES DUE TO COVID-19 HOME CONFINEMENT ON ATHLETES (SARTO ET AL)
- BEST PRACTICES GUIDELINES FOR TRAUMA CENTER RECOGNITION OF CHILD, ELDER AND INTIMATE PARTNER VIOLENCE. DO YOU HAVE A SCREENING PROCESS IN ED?
- FUNDING FROM FOUNDATIONS OR/WOMEN'S BOARD FOR PATIENT AND FAMILY EDUCATION MATERIALS
- ATS INJURY PREVENTION COORDINATOR TRAINING (VIRTUAL)
- ATS TRAUMA SURVIVOR COORDINATOR TRAINING (VIRTUAL)

TRAUMA PROGRAM MANAGER: PERFORMANCE IMPROVEMENT



- IT'S ALL LAID OUT IN CHAPTER 16, RIGHT?
- THOSE WHO KNOW, FIND A MENTEE
- THOSE WHO DON'T KNOW, FIND A MENTOR
- TIMELINESS OF CARE
 - ARRIVAL OF SURGEONS, NEUROSURGERY, ORTHOPEDICS, INTERVENTIONAL RADIOLOGY, TRANSFERS OUT, HEMORRHAGE CONTROL, FEMUR FIXATION, ANTIBIOTIC ADMINISTRATION, OR AVAILABILITY, MTP, VTE PROPHYLAXIS
- APPROPRIATENESS OF CARE
 - ADHERENCE TO CPGS AND PROTOCOLS
 - PREVENTABLE COMPLICATIONS
 - OVER-UNDERTRIAGE, NFTI SCORE
 - ADMITS NON SURGICAL SERVICES: NELSON SCORE
- DOCUMENTATION OF CARE

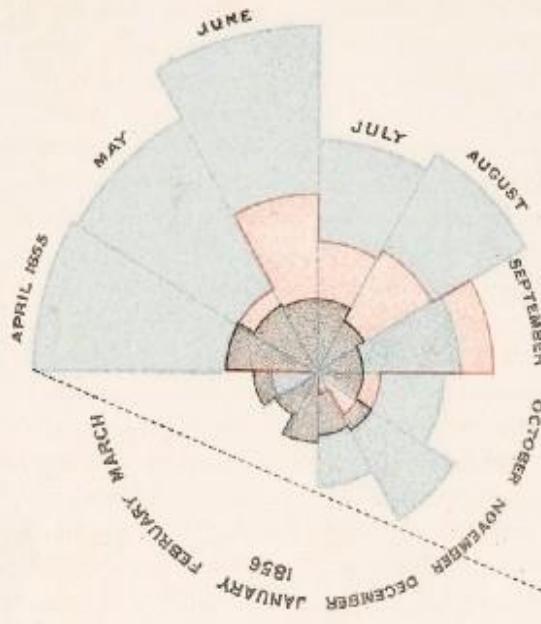
TRAUMA PROGRAM MANAGER: PERFORMANCE IMPROVEMENT



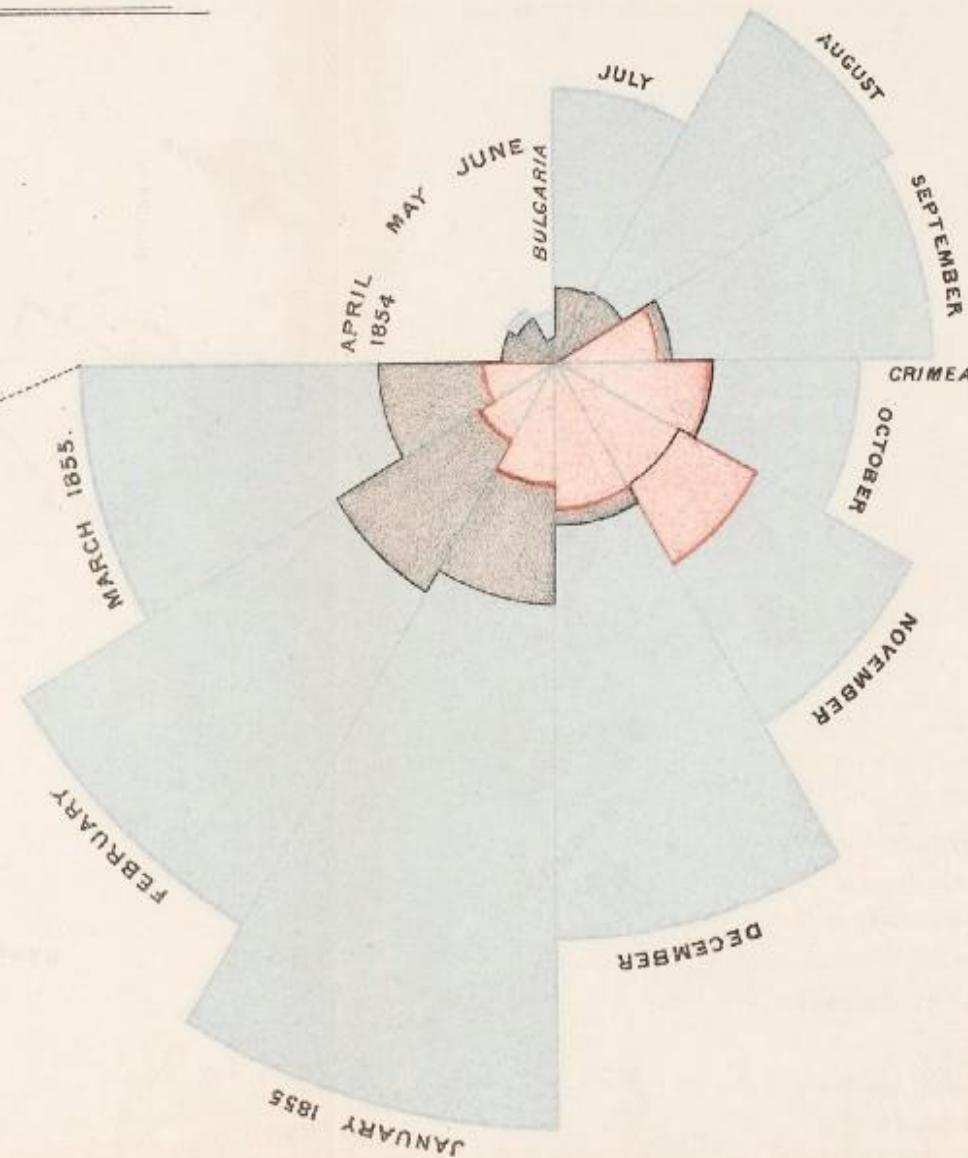
- FLORENCE NIGHTINGALE FOCUSED ON IMPROVING CARE IN CRIMEA FOCUSED ON INFECTION, NUTRITION
- KNOW YOUR TQIP DATA, MAKE SURE IT IS RELIABLE BEFORE IT IS SUBMITTED. DRILL DOWN ON THE CASES IN THE DRILLER, ESTABLISH YOUR CORRECTIVE ACTIONS AND FOLLOW THROUGH TO ENSURE CORRECTIVE ACTIONS ARE IMPLEMENTED
- DEVELOP DASHBOARDS THAT KEEP YOU INFORMED AND AWARE OF YOUR RATES/COMPLIANCE AT ALL TIMES
- TAKE AN EXCEL CLASS, POWER BI CLASS

DIAGRAM OF THE CAUSES OF MORTALITY
IN THE ARMY IN THE EAST.

2.
APRIL 1855 TO MARCH 1856.



1.
APRIL 1854 TO MARCH 1855.



The areas of the blue, red, & black wedges are each measured from the centre as the common vertex.

The blue wedges measured from the centre of the circle represent area for area the deaths from Preventible or Mitigable Zymotic diseases, the red wedges measured from the centre the deaths from wounds, & the black wedges measured from the centre the deaths from all other causes.

The black line across the red triangle in Nov^r 1854 marks the boundary of the deaths from all other causes during the month.

In October 1854, & April 1855, the black area coincides with the red; in January & February 1855, the blue coincides with the black.

The entire areas may be compared by following the blue, the red & the black lines enclosing them.

The area
the cen
The blue is
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red wed
black n
The black
of the d
In October
in Jan
The entire
black li



TRAUMA PROGRAM MANAGER: ADMINISTRATIVE



- COMMUNICATION TO SENIOR LEADERSHIP
- INTERACTIVE DASHBOARDS WITH C-SUITE ACCESS
- OPTIMAL REPORTING STATUS: CEO, COO, CNO
- INTERFACE WITH VARIOUS HOSPITAL COMMITTEES
 - ENSURE INCLUSION IN COMMITTEES IMPACTING TRAUMA CARE
- TPM IS THE AMBASSADOR FOR TRAUMA
- THE FACE OF TRAUMA IS ALWAYS POSITIVE

Joan of Arc answering the questions of the prelates

TRAUMA PROGRAM MANAGER: SUPERVISION OF THE TRAUMA REGISTRY

- **INPUT**

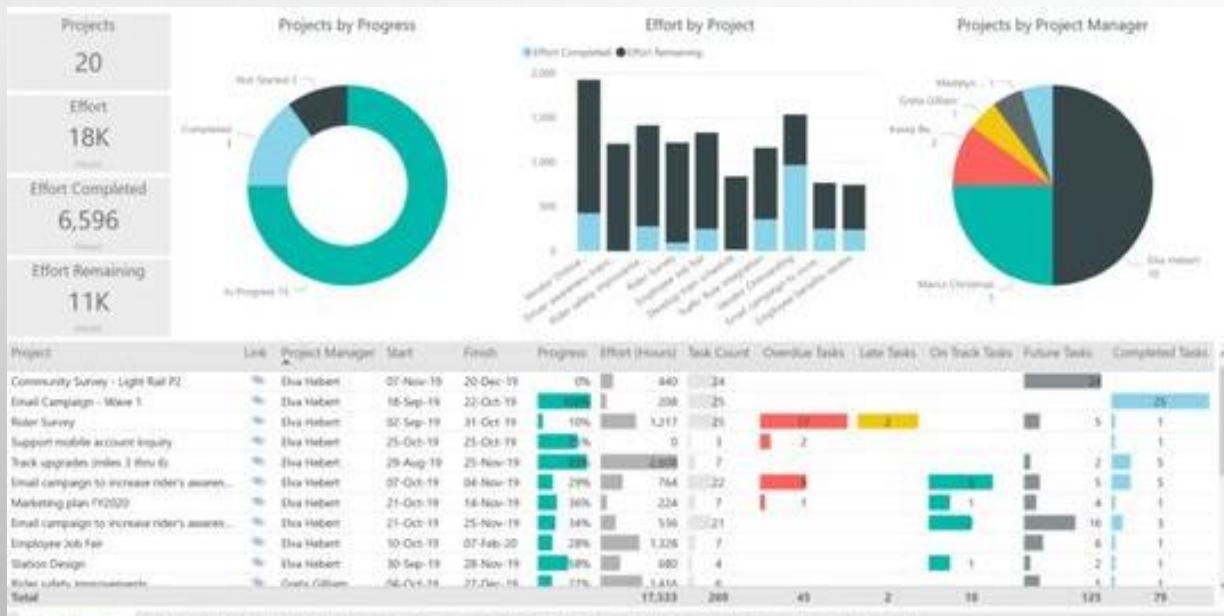
- DATA ABSTRACTION DASHBOARD: PROVIDES REGISTRY STAFF AND LEADERSHIP WITH AT A GLANCE VISUALIZATION OF REGISTRY PRODUCTIVITY, ACS REQUIRED METRICS AND DATA ACCURACY SUCH AS VALIDITY AND RELIABILITY
- TQIP ABSTRACTION, VALIDATION BEFORE SUBMISSION
- REGISTRY INPUT OF PERFORMANCE IMPROVEMENT
 - LEVELS OF REVIEW
 - ROBUST MINUTES/DISCUSSION
 - FOLLOW UP WITH EMS, REFERRING FACILITIES, LEADER ROUNDING

- **REGISTRY DASHBOARD**

- TOTAL CHARTS FINALIZED
- AVERAGE DAYS TO FINALIZE
- CHARTS FINALIZED <30 DAY & >60 DAYS
- CHART ABSTRACTION BY FTE
- AGGREGATE IRR ACCURACY
- AVERAGE DAYS TO FINALIZE
- ACCURACY BY REGISTRAR
- ISS BY REGISTRAR
- LOS BY REGISTRAR

TRAUMA PROGRAM MANAGER: SUPERVISION OF THE TRAUMA REGISTRY

OUTPUT



- DATA VISUALIZATION
- DASHBOARDS/POWER BI
- COMPLIANCE DATA
 - PRACTICE GUIDELINES
 - OPPE
- CONTINUOUS SURVEY READINESS
 - ALL PRQ REQUIRED DATA AVAILABLE
 - RISK ADJUSTED BENCHMARKING

TRAUMA PROGRAM MANAGER: COMMUNITY AND NATIONAL INVOLVEMENT TRAUMA SYSTEM



Jean-Auguste-Dominique Ingres: painting of Joan of Arc

- DEVELOPMENT AND AWAKENING OF CONSCIOUSNESS
- IMPACT ON YOUR COMMUNITY OR REGION
- INVOLVED IN DEVELOPING NATIONAL STANDARDS
 - TRAUMA SYSTEMS PERFORMANCE IMPROVEMENT METRICS
 - PRACTICE GUIDELINES' METRICS
 - EVIDENCE BASED PRACTICE CHANGES
 - CHALLENGE THE STATUS QUO

TRAUMA PROGRAM MANAGER: COMMUNITY AND NATIONAL INVOLVEMENT TRAUMA SYSTEM



- THE PURPOSE OF TRAUMA SYSTEMS DEVELOPMENT IS TO IMPROVE THE DELIVERY OF CARE
- INSERT YOURSELF! DON'T WAIT TO BE ASKED
- TAKE ADVANTAGE OF YOUR EXPERTISE AND POSITION
 - LEARN HOW TO ADVOCATE
 - WORK WITH AND NOT AGAINST DECISION/POLICY MAKERS
 - AIM FOR CONSTANT, GENTLE PRESSURE AND SLOW, INCREMENTAL CHANGE

SUMMARY: COMMUNICATION AND INSERTING YOURSELF APPROPRIATELY

- HISTORY'S GREATEST MOTIVATIONAL LESSON
- MESSAGE TO GARCIA:
SGT. ANDREW SUMMERS ROWAN
- **THE MAN WHO WHEN GIVEN A LETTER FOR GARCIA, QUIETLY TAKES THE MISSIVE, WITHOUT ASKING QUESTIONS....**
- **CIVILIZATION IS ONE LONG ANXIOUS SEARCH FOR SUCH INDIVIDUALS WHO CAN "CARRY A MESSAGE TO GARCIA"**

A message to Garcia, Elbert Hubbard, 1899

A Message To Garcia



A Message to
Garcia
by
ELBERT HUBBARD

All this Cuban business there is one man stands out on the horizon of my memory like Mars at perihelion.

When war broke out between Spain and the United States, it was very necessary to communicate quickly with the leader of the Insurgents. Garcia was somewhere in the mountain fastnesses of Cuba—no one knew where. No mail or telegraph message could reach him. The President must secure his co-operation, and quickly.

What to do!
Some one said to the President,



THANK YOU FOR THE PRIVILEGE TO PRESENT TODAY

- BE A MENTOR, SEEK OUT A MENTEE
- BE A MENTEE, SEEK OUT A MENTOR



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THANK YOU!

KATHLEEN MARTIN

KATHLEENMARTIN2@GMAIL.COM

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MENTORING AND COACHING THE TRAUMA PROGRAM MANAGER (TPM) THROUGH THE 7 REALMS

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TITLE: MENTORING AND COACHING THE TRAUMA PROGRAM MANAGER (TPM) THROUGH THE 7 REALMS

DEAR KATHLEEN MARTIN,

CONGRATULATIONS! YOUR PRESENTATION, "MENTORING AND COACHING THE TRAUMA PROGRAM MANAGER (TPM) THROUGH THE 7 REALMS" HAS BEEN SELECTED AS A SESSION FOR THE VIRTUAL TRAUMACON 2021, MARCH 26-27, 2021. YOUR SESSION WILL BE AVAILABLE ON-DEMAND; YOU WILL NEED TO PLAN TO SPEND TIME IN THE VIRTUAL ATTENDEE LOUNGE TO ANSWER ANY QUESTIONS POSTED BY ATTENDEES.

IF YOU WOULD LIKE TO PARTICIPATE AS AN ON-DEMAND PRESENTATION, PLEASE CLICK ON [THIS LINK](#) TO SCHEDULE YOUR RECORDING TIME. PLEASE RESPOND AND MAKE YOUR SELECTION BY FRIDAY, JANUARY 15. IF YOU HAVE NOT SELECTED A TIME BY THEN, IT WILL BE ASSUMED THAT YOU DO NOT WISH TO PARTICIPATE WITH AN ON-DEMAND PRESENTATION. ONCE YOU HAVE SELECTED A RECORDING TIME, YOU WILL RECEIVE A CONFIRMATION EMAIL THAT INCLUDES A PRESENTATION GUIDELINES DOCUMENT FOR YOUR REFERENCE. AN STN STAFF MEMBER WILL BE IN TOUCH SHORTLY FOLLOWING YOUR CONFIRMATION TO ARRANGE THE RECORDING TIME AND PROVIDE THE PLATFORM LINK. AS FACULTY YOU WILL RECEIVE A SPECIAL CONFERENCE RATE. YOU CAN [CLICK HERE](#) TO REGISTER FOR THE CONFERENCE.

PLEASE CONTACT ME IF YOU HAVE ANY QUESTIONS.