



BACKGROUND

Trauma programs (TP) improve patient outcomes nationwide⁽¹⁾. The Trauma Program Manager (TPM) role is crucial to the trauma program's success⁽²⁾. Without formal orientation, TPMs have increased stress and decreased job satisfaction⁽³⁾. Stress and reduced job satisfaction play a role in the TPM leaving the job. Creating an orientation manual will help the TPM stay in their role and improve TPs and patient outcomes⁽⁴⁾.

- TPs around the country improve patient outcomes⁽¹⁾.
- TPMs are hired with no formal orientation, causing increased stress⁽³⁾.
- Stress decreases job satisfaction, and the TPM leaves⁽³⁾.
- Providing comprehensive orientation will retain TPMs⁽⁴⁾.

PICO: In newly hired TPMs, would a comprehensive orientation process, compared to the manager learning the job on their own, lead to increased job satisfaction and increased retention?



EVALUATION

A survey with questions related to the usefulness of the manual using a 1-5 scale was created as an evaluation tool and given to all TPMs. New TPMs used the manual as they were trained, and their additional feedback was used to make further improvements. Due to frequent changes in the trauma program, the manual must be updated regularly to be effective.

- An evaluation tool was created to assess the effectiveness of the manual.
- Feedback from TPMs was used to improve manual.
- Regular updates to the manual must occur.



METHODS

The literature review determined that a comprehensive orientation was needed for newly hired TPMs. Therefore, a comprehensive outline was created using the literature and the Johns Hopkins Nursing Evidenced-Based Practice Model⁽⁵⁾. After several levels of review, a completed manual was created.

- A literature search found evidence-based practices to orient TPMs effectively.
- The tasks of the TPM were broken down into sections and used to create the manual using the Johns Hopkins Nursing Evidenced-Based Practice Model.
- A narrated PowerPoint (PP) was created to introduce the manual.
- The manual underwent several levels of approval.
- QR Codes were created connecting the user to the manual's section corresponding to the current week of training.
- The many duties of the TPM were listed in order of what should be learned each week of the orientation.











DISCUSSION

Evidence-based research (EBR) states that newly hired TPMs must be given training in managing, leadership, communication, budgeting, stress management, collaboration, and team-building skills⁽⁶⁾. Without formal orientation, the TPM experiences increased stress and will likely leave their position⁽³⁾.

- TPs take years to establish, and a TPM staying in their role is crucial for the program's success.
- TPs improve patient outcomes and increase the quality of the entire hospital.
- Providing a formal, comprehensive orientation on EBR topics will decrease TPM's stress and increase job satisfaction making it less likely they will leave.



TPM MANUAL QR CODES

Week 1	Week 2	Week 3	Week 4
Getting Started  SCAN ME	Trauma Manuals  SCAN ME	Chart Reviews  SCAN ME	Trauma Meetings  SCAN ME
Month 2	Month 3	Month 4	Month 5
Leadership Training  SCAN ME	Process Improvement  SCAN ME	Designation  SCAN ME	Community Outreach  SCAN ME



CONCLUSIONS

The role of the TPM is stressful. With a structured orientation, the TPM will have increased job satisfaction and stay in their role⁽³⁾. TPs enhance the quality of care for all patients in the hospital⁽⁷⁾. TPs elevate the care of communities by providing injury prevention, community outreach, and collaboration with community leaders, EMS, and individuals that live in the communities⁽⁷⁾. The TPM orientation manual will retain TPMs and improve TPs⁽⁴⁾.



REFERENCES

1. Vernon, T. M., Cook, A. D., Horst, M. A., Gross, B. W., Bradburn, E. H., Jammula, S., Altenburg, J., Bradley, D., & Rogers, F. B. (2019). A preliminary analysis of level IV trauma centers within an organized trauma system. *Journal of Trauma & Acute Care Surgery*, 87(3), 666–671. <https://www.doi.org/10.1097/ta.0000000000002383>
2. Gosnell, J. and Slivinski, A. (2021) The building blocks to a highly effective trauma program. *Journal of Trauma Nursing*, 28(2), 126-134. <https://www.doi.org/10.1097/JTN.0000000000000570>
3. Keith, A. C., Warshawsky, N., Neff, D., Loerzel, V., & Parchment, J. (2021). Factors that influence nurse manager job satisfaction: An integrated literature review. *Journal of Nursing Management*, 29(3), 373–384. <https://www.doi.org/10.1111/jonm.13165>
4. Kiel, J. M. (2020). An analysis of restructuring orientation to enhance nurse retention. *Health Care Manager*, 39(4), 162–167. <https://www.doi.org/10.1097/hcm.0000000000000303>
5. Dang, D., Dearholt, S., Bissett, K., Ascenzi, J., & Whalen, M. (2022). Johns Hopkins evidence-based practice for nurses and healthcare professionals: Model and guidelines. 4th ed. Sigma Theta Tau International
6. Ravaghi, H., Beyranvand, T., Mannion, R., Alijanzadeh, M., Aryankhesal, A., & Belorgeot, V. D. (2021). Effectiveness of training and educational programs for hospital managers: A systematic review. *Health Services Management Research*, 34(2), 113–126. <https://www.doi.org/10.1177/0951484820971460>
7. American College of Surgeons (ACS) (2022). Resources for optimal care of the injured patient 2022 Standards. American College of Surgeons.